MAXIMUS Federal Services

Case Number:	CM15-0081821		
Date Assigned:	05/04/2015	Date of Injury:	11/26/2012
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male who sustained an industrial injury on 11/26/2012. The injured worker was diagnosed with lumbosacral discopathy with right lower extremity radiculopathy, bilateral facet arthropathy and acute right L5-S1 lumbosacral radiculopathy. The injured worker is status post a remote L5-S1 laminectomy in 1989. Treatment to date includes conservative measures, diagnostic testing, acupuncture therapy (5 sessions), chiropractic therapy (5 sessions), physical therapy (5 sessions), lumbar epidural steroid injection (ESI) L5-S1 and selective nerve root blocks right L4-L5 on October 20, 2014, lumbar brace and medications. Electrodiagnostic studies were performed on December 10, 2014 and magnetic resonance imaging (MRI) on December 11, 2014. According to the primary treating physician's progress report on February 11, 2015, the injured worker continues to remain unchanged with persistent pain in the lower back with radiation to the right leg to the right foot with tingling in the right foot. According to the primary treating physician's previous report on February 3, 2015, the injured worker rated his pain level at 7-8/10. Examination of the lumbar spine demonstrated tenderness to palpation with associated spastic activity and decreased range of motion with motor weakness in the right lower extremity. Current medications are listed as Ibuprofen, Naproxen, Cyclobenzaprine and Omeprazole. Treatment plan consisted of continuing with conservative measures, medications, surgical intervention with fusion (not authorized) and the current request for cryotherapy post procedure.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cryotherapy, unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ODG Treatment in Worker's Comp, Knee - Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OD- Low back chapter and pg 17.

Decision rationale: According to the guidelines, cryotherapy or cold/heat packs are appropriate for a few day in the acute phase. In this case, the length of use or type of cryptherapy was no specified. Necessity cannot be determined pre-operatively. The request is not substantiated and not medically necessary.