

Case Number:	CM15-0084674		
Date Assigned:	05/06/2015	Date of Injury:	04/18/2001
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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 50-year-old male who sustained an industrial injury on 04/18/2001. Diagnosis is lumbar facet syndrome. Treatment to date has included diagnostic studies, medications, and lumbar facet injections. A physician progress note dated 03/31/2015 documents the injured worker complains of ongoing low back pain. He has had lumbar facet injections in the past and they have been quite helpful lasting for four to six months. The lumbar spine shows decreased range of motion particularly in extension with increased pain in extension. He has a positive facet-loading maneuver. There is tenderness to palpation in the lower lumbar facet joints bilaterally. The treatment plan recommended facet injections, at L4-L5 and L5-S1 levels bilaterally, refill Norco, follow up appointment. Treatment requested is for Cold Therapy Unit-purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: According to the guidelines, cold therapy is indicated in the 1st few days after injury or from acute pain. In this case, there is no indication for long-term use after injury or intervention for cold therapy. As a result, the request for the purchase of a cold therapy unit is not medically necessary.