

Case Number:	CM15-0088310		
Date Assigned:	05/12/2015	Date of Injury:	05/08/2014
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 33 year old male, who sustained an industrial injury on 05/08/2014 as a result of a fall, complained of hitting his back. The diagnoses have included acute lower back contusion. He was later diagnosed with lumbar radiculopathy and muscle spasm of the back. On provider visit dated 02/11/2015 injured worker has reported low back pain. On examination lumbar spine revealed decreased range of motion, with paravertebral musculature to the right and left lumbosacral region. Per documentation the injured worker was approved to undergo anterior L5-S1 lumbar interbody fusion with instrumentation and posterior L5-S1 lumbar laminectomy/laminotomy. The provider requested associated surgical service: Hot/Cold therapy unit with wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hot/Cold therapy unit with wrap: 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), Low back, Back brace - post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, cold therapy.

Decision rationale: ODG supports that hot/cold compression unit as a form of cryotherapy is not supported after lumbar or cervical discectomy surgery is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The medical records support that lumbar surgery is planned. As the request is not congruent with the ODG guidelines and the medical records do not indicate extenuating circumstances, the medical records do not support the therapy requested. The request is not medically necessary.