

Case Number:	CM14-0115099		
Date Assigned:	08/04/2014	Date of Injury:	09/06/2012
Decision Date:	10/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and consultation with the spine surgeon, who apparently endorsed a multilevel lumbar spine surgery. In a Utilization Review Report dated June 24, 2014, the claims administrator approved a lumbar support, approved a commode, approved a bone growth stimulator, and denied a cold therapy unit. The claims administrator suggested that the applicant had received approval for lumbar fusion surgery. The claims administrator invoked non-MTUS ODG Guidelines exclusively in its report, despite the fact that the MTUS addressed the topic. In an earlier note dated June 3, 2014, the applicant reported persistent complaints of low back pain, severe, radiating to the bilateral legs. Multilevel lumbar fusion surgery at L4 L5 and L5-S1 was sought while the applicant was placed off work, on total temporary disability. Various postoperative requests were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit - back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Table 12-5, page 299..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, simple, low tech, at-home applications of heat and cold are recommended as methods of symptom control for low back pain complaints. By implication, then, ACOEM does not support the more elaborate, high-tech machine being sought here to deliver cryotherapy. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. It was not stated why simple, low tech, at-home applications of heat and cold would not suffice here. Therefore, the request is not medically necessary.