

Case Number:	CM14-0145059		
Date Assigned:	09/12/2014	Date of Injury:	03/04/1997
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family 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:

This is a 61 year old male with a 3/4/1997 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 1/29/14 noted subjective complaints of lower back pain. Objective findings included diffuse lumbar paraspinal tenderness. Diagnostic Impression: lumbosacral disc degeneration, lumbar facet syndrome Treatment to Date: medication management, orthostim, lumbar ESI. A UR decision dated 8/26/14 certified the request for bilateral L4-S1 Medial Branch Facet Joint Rhizotomy and Neurolysis. It appears that the request is indicated. The patient underwent bilateral L4-S1 medial branch block on 7/18/14 with 100% relief for two days, then 70% relief. Therefore, a successful diagnostic medial branch block warrants the rhizotomy and neurolysis. It denied a Hot Cold Unit. Submitted records indicate that this hot/cold unit would be utilized post rhizotomy and neurolysis; and guidelines do not support the use of these units for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161-162, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS supports passive heat and cold therapy to reduce inflammation and increase blood supply. However, MTUS does not support the use of heat/cold therapy units with mechanically circulating pumps. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Therefore, the request for Hot/Cold Unit is not medically necessary.