

Case Number:	CM14-0180057		
Date Assigned:	11/04/2014	Date of Injury:	08/26/1998
Decision Date:	12/09/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 62-year-old male with a 8/26/98 date of injury, and status post L3-S1 laminoforaminotomy and microdiscectomies 5/13/13 and status post C4-5 and C6 ACDF 8/17/12. At the time (10/18/14) of request for authorization for cooling unit rental for 6 weeks for the lumbar spine, there is documentation of subjective (axial back pain and bilateral leg radiculopathy descending down particularly posterior portion of the legs and buttocks) and objective (tenderness to palpation at the posterior lumbar musculature, increased muscle rigidity, numerous trigger points, positive facet loading) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (physical therapy, medications, chiropractic, injections and rhizotomies). Medical records identify an associated request for lumbar fusion and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling unit rental for 6 weeks for the Lumbar Spine: 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), Cold Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Low Back, Cold/Heat Packs; PMID: 18214217 PubMed - indexed for MEDLINE.

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for Cooling Unit Rental for 6 weeks for the Lumbar Spine is not medically necessary.