

Case Number:	CM14-0176641		
Date Assigned:	10/29/2014	Date of Injury:	01/22/2014
Decision Date:	05/01/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51- year old male, who sustained an industrial injury on January 22, 2014. The injured worker was diagnosed as having chronic low back pain with degenerative disc disease at the level of L2-L3, L3-L4, L4-L5, and L5-S1 with mild to moderate central canal stenosis and mild to moderate neuroforaminal stenosis at the level of L2-L3, L3-L4, and L4-L5, lumbar spine spondylosis at the level of L2-L3, L3-L4, L4-L5, and L5-S1, and right knee pain. Treatment to date has included a MRI study of the lumbar spine, therapies, and medications. Currently, the injured worker complains of low back pain with radiating pain to the right lower extremity associated with tingling and numbness, and right knee pain. The Secondary Treating Physician's report dated September 4, 2014, noted the injured worker's low back pain had not responded to conservative treatments of therapies and medication for the previous few months. Physical examination was noted to show tenderness over the lumbar paraspinal muscles and midline, with spasm present with lumbar spine range of motion (ROM), and positive straight leg raise on the right side at 40 degrees. Decreased sensation to light touch was noted on the right L3, L4, L5, and S1 directions, with axil loading positive, and motor strength decreased on the right quadriceps, tibialis anterior, extensor hallucis longus, and gastrocnemius, 4/5. The Physician noted the treatment plan included an appeal for the denial of lumbar epidural steroid injections (ESI), and a motorized cold therapy unit for purchase to utilize after the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Purchase of motorized cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (web: updated 8/22/2014) and Knee & Leg (web: updated 8/25/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM recommends low-tech forms of heat or cold in the acute phases of an injury. Treatment guidelines do not support the purchase of durable medical equipment to provide heat or cold, nor do the guidelines recommend use of a cold therapy unit after an epidural injection as proposed in this case. The records do not provide an alternate rationale for this request. The request is not medically necessary.