

Case Number:	CM14-0059764		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2012
Decision Date:	02/05/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Spinal Surgery, and is licensed to practice in New York. 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 patient is a male with a date of injury of January 17, 2012. The patient has chronic low back pain. Physical examination shows tenderness to palpation lumbar spine. There is tenderness over the L5-S1 facet joints. The patient has lumbar spasms. The patient also complains of neck pain which radiates of the shoulders bilaterally. He complains of weakness in both hands. Physical examination of the cervical spine shows tenderness palpation of the neck and trapezius muscles. The patient's muscle spasms. There is reduced range of motion of neck motion secondary to pain. Deep tendon reflexes are absent at the biceps bilaterally. Motor strength of the right thumb and right finger extension was 4 negative. Left biceps is 4+. The patient's gait is shuffled. There is positive Hoffmann sign and Romberg test. There is wasting of the intrinsic muscles. The patient is diagnosed with lumbar strain, cervical radiculopathy or myelopathy. At issue is whether multilevel cervical fusion and postoperative cryotherapy for 1 month is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cryotherapy 1 month at 3-5 times/day, lumbar: 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 (updated 03/31/14), Cold/heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck chapter, ODG low back chapter.

Decision rationale: ODG criteria do not recommend cold therapy after cervical spinal surgery. In addition, medical literature does not report improved outcomes of cold therapy at the cervical spine surgery. Cold therapy at the cervical spine surgery remains experimental at this point and not supported by guidelines ought to peer review literature. In addition, the requested amount of 30 days of cold therapy appears to be excessive. Therefore, this request is not medically necessary.