

Case Number:	CM15-0012000		
Date Assigned:	01/30/2015	Date of Injury:	10/31/2013
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 31 year old man sustained an industrial, injury on 10/31/2013. The mechanism of injury is not detailed. Current diagnoses include unstable spine L5-S1 with bilateral nerve root palsy, and motor and sensory deficits. Treatment has included oral medications. Orthopedic notes dated 12/15/2014 outline the rationale for the specified surgery. On 12/26/2014, Utilization Review evaluated prescriptions for cell saver once per month for six months and cold therapy unit for seven days, that were submitted on 1/20/2015. The UR physician noted the use of cell saver in lumbar fusion cases was not able to decrease the need for blood transfusion. There has been no benefit demonstrated for cell saver use. Also, a cold therapy unit has shown to be little or no more efficient than simple ice. The MTUS, ACOEM Guidelines (or ODG) was cited in the case of the cold therapy unit. Non-MTUS or ACOEM Guidelines was cited in the case of the cell saver. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell saver 1 time a month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miao, Y. L., et al. (2014). "The efficacy and cost-effectiveness of cell saver use in instrumented posterior correction and fusion surgery for scoliosis in school-aged children and adolescents." PLoS One 9(4): e92997.

Decision rationale: There is no controlled studies supporting the safety, efficacy and cost effectiveness of cell saver for lumbar surgery or any other surgery. The provider requested back surgery and the need of cell saver to reduce blood loss is unclear. Therefore, the request for Cell saver 1 time a month for 6 months is not medically necessary.

Cold therapy unit 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Cervical, Shoulder, Lumbar, and Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is “Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel.” There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. Cold therapy could be used as an option for acute pain. However, there is no controlled studies supporting the use of cold therapy in chronic back and knee pain. Therefore, the request for cold therapy unit is not medically necessary.