

<b>Case Number:</b>	CM15-0012427		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female sustained a work related injury on 08/09/2006. According to a pain management consultation dated 12/11/2014, the injured worker continued to complain of neck pain that radiated down to both upper extremities along with cervicogenic headaches. Pain was rated 6 on a scale of 0-10. She had multilevel disc disease along with electrodiagnostic findings consistent with acute right C6 radiculopathy with bilateral carpal tunnel syndrome on 07/08/2013. Back pain persisted and radiated down to both lower extremities. She continued to rely on her lumbar spinal cord stimulator which was providing significant pain relief to her lower back as well as with the radicular symptoms to her lower extremities. Surgical intervention had been recommended in the form of removal of retained metal at L5-S1 with extension of the fusion to the L4-5 level. The injured worker decided she did not want any further surgery in her lumbar spine. Medications included Norco, Soma, MS Contin, Topamax, Nortriptyline and Prilosec. She was cutting back on the amount of Norco that she was taking. The provider's assessment was noted as C5-5 and C6-7 anterior cervical discectomy and fusion 03/2009, bilateral upper extremity radiculopathy, L5-S1 posterior lumbar interbody fusion 11/2009, bilateral lower extremity radiculopathy left greater than right, lumbar spinal cord stimulator implant 03/31/2011 and medication induced gastritis. On 12/22/2014, Utilization Review non-certified Versa Pac Ice Pack purchase. According to the Utilization Review physician, the clinical information submitted for review does not provide evidence to support the request. Guidelines cited for this review included California MTUS ACOEM Chapter 12, page 298 and

the Official Disability Guidelines Low Back, cold/heat packs. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of Versa Pac Ice Pack:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Versa ice pack product description

**Decision rationale:** The proposed Versa ice pack was medically necessary, medically appropriate, and indicated here. Based on the product description, the Versa ice pack represents a simple, low-tech re-useable ice pack. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12 5, page 299, at-home applications of heat and cold are recommended as method of symptom control for low back pain, the primary diagnosis present here. Given its low risk, introduction and/or ongoing usage of an ice pack was indicated. Therefore, the request is medically necessary.