

Case Number:	CM15-0015442		
Date Assigned:	02/03/2015	Date of Injury:	10/15/2014
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 43 year old male with an industrial injury dated October 15, 2014. The injured worker diagnoses include C6-C7 disc herniation with left C7 radiculopathy. He has been treated with diagnostic studies, prescribed medications, consultation and periodic follow up visits. In a progress note dated 12/15/2014, his primary treating physician reports decreased range of motion of the cervical spine, left paraspinal tenderness of cervical spine, positive Tinel's sign of left wrist and positive Phalen test of left wrist. The treating physician prescribed one cold therapy unit between 12/18/2014 and 4/5/2015 now under review. UR determination on January 7, 2015 denied the request for one cold therapy unit between 12/18/2014 and 4/5/2015, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation neck pain and cold therapy

Decision rationale: According to the guidelines, cold therapy can be used for first few days in the acute phase of the injury. In this case, the claimant had an injury 2 months prior. The claimant was to receive an epidural injection and oral analgesics. There is no indication in the chronic phase to use cold therapy. In addition, length of use was not specified. The request is not medically necessary.