

Case Number:	CM15-0018303		
Date Assigned:	02/06/2015	Date of Injury:	07/09/2014
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 27 year old male, who sustained an industrial injury on 07/09/2014. The diagnoses have included herniated nucleus pulposus at lumbar spine, L5-S1, with 10mm extruded disc. Treatments to date have included physical therapy and medications. Diagnostics to date have included lumbar MRI on 12/05/2014 which showed a 10mm right paracentral disc extrusion impinging on the S1 nerve roots bilaterally at the L5-S1 level, a smaller disc protrusion at L4-5 with 4mm causing mild severe canal stenosis, and the foramen are minimally narrowing at L4-5 with facet hypertrophy. In a progress note dated 12/10/2014, the injured worker presented with complaints of severe low back pain. The treating physician reported requesting authorization for a microlaminectomy and disc excision to be done with a spine specialist. Utilization Review determination on 01/15/2015 non-certified the request for Pre-operative Medical Clearance for Surgery and modified the request for DME (Durable Medical Equipment) Rental of Cold Therapy Unity for fourteen (14) days rental to DME (Durable Medical Equipment) Rental of Cold Therapy Unity for seven (7) days rental citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical Clearance for Surgery: 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 UpToDate: Preoperative medical evaluation of the healthy patient UpToDate: Overview of the principles of medical consultation and perioperative medicine

Decision rationale: The goals of preoperative evaluation by a medical consultant are identification of unrecognized comorbid disease and risk factors for medical complications of surgery, optimization of the preoperative medical condition, recognition and treatment of potential complications, and effective working as a member of the preoperative team (including surgical and anesthesia colleagues). The overall risk of surgery is low in healthy individuals. Preoperative tests usually lead to false-positive results, unnecessary costs, and a potential delay of surgery. Preoperative tests should not be performed unless there is a clear clinical indication. No study has shown a decrease in perioperative morbidity associated with medical consultation. In this case the patient is 27 years old and has no chronic conditions that would increase his risk of perioperative mortality. The request should not be authorized.

Durable Medical Equipment Rental of a Cold Therapy Device for 14 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lumbar and Thoracic, Cold/heat packs Official Disability Guidelines (ODG): Shoulder Continuous flow cryotherapy

Decision rationale: This request is for postoperative cold therapy. Continuous-flow cryotherapy is recommended as an option after shoulder and knee surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. For low back, cold packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. 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. 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. While heat and cold packs are useful for low back pain, there is no recommendation that a Hot and Cold unit is necessary to supply the heat and cold applications to the affected area. Sufficient heat and cold can be applied with

the use of hot packs, cold packs, or heating pad. There is no medical necessity for cold unit.
The request should not be authorized.