

Case Number:	CM15-0018320		
Date Assigned:	02/06/2015	Date of Injury:	01/04/2010
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41 year old male with an industrial injury dated 01/04/2010. On 12/16/2014 the injured worker presented for follow up. He was 4 months past repeat bilateral laminectomy and foraminotomy at lumbar 4-5 and lumbar 5-sacral 1 level with explantation of interspinous fixation device and exploration of the fusion which was found solid at the lumbar 4-5 level. He was complaining of low back pain radiating down the lower extremities associated with weakness. Physical exam revealed tenderness over the incision site with musculoskeletal spasms. Range of motion was restricted. The incision site was well healed. The injured worker was waiting for approval of a hot/cold therapy unit which was requested in October 2014. He was attending physical therapy and using medications. Prior treatments include surgery as noted above, physical therapy and medications. Diagnosis was status post repeat laminectomy and foraminotomy at lumbar 4-5 and lumbar 5-sacral 1 with explanation of interspinous fixation device with solid fusion at lumbar 4-5 level. On 01/16/2015 utilization review issued a decision of non-certification of the request for hot/cold therapy unit for the lumbar spine. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit for the lumbar spine: 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 Continuous Cold Therapy unit

Decision rationale: ODG notes that a cold therapy unit may be used in post operative shoulder surgery, not for the lumbar spine. Even with the use of this unit post operatively after shoulder surgery, there is no documented objective long term surgical health outcome improvement associated with the cold therapy unit - thus, the use of this unit even in those circumstances is not standard of care. The unit was requested in 10/2014 which was 2 months after his lumbar surgery. The only advantage post operatively for the cold therapy unit for shoulder surgery is for the 7 days immediately following surgery - there is less edema. The cold therapy unit is not consistent with ODG guidelines and is not medically necessary for this patient.