

Case Number:	CM15-0019408		
Date Assigned:	02/09/2015	Date of Injury:	08/02/2013
Decision Date:	05/28/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who had a reported date of injury of 08/02/2013. The mechanism of injury description was the injured worker pushed an AC unit forward, it got stuck on an uneven ramp; the sudden stop causing a pulling sensation in the cervical spine, thoracic spine and lumbar spine and a burning sensation in his right shoulder. The injured worker underwent an electromyogram on 07/10/2014 with conclusion of mildly abnormal EMG raising the possibility of right C6, C7 or C8 radiculopathy. There was also an electromyography of both lower extremities and lumbosacral paraspinal muscles with the conclusion of normal EMG of both lower extremities and lumbosacral paraspinal muscles. A nerve conduction study was also performed on the lower extremities, where the only abnormality noted was decreased amplitude of the CMAP of the posterior tibial nerve. The injured worker's diagnoses included an L3-S1 disc herniation with bilateral foraminal stenosis, C3-C7 disc herniations with very substantial bilateral foraminal stenosis, left greater than right, but also concerning amount of central canal compromise, spinal cord impingement and atresia of the spinal cord C3-7. Diagnostic studies have included an MRI of the cervical spine on 08/11/2014, an MRI of the right shoulder on 08/11/2014, an MRI of the lumbar spine on 08/11/2014, an electromyography/nerve conduction study of the upper and lower extremities on 07/10/2014, x-rays were taken of the thoracic spine, lumbar spine, pelvis, right and left ankles and right and left feet and right and left shoulders and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Retrospective Vital Wear cold/hot wrap rental for 4 months (date of service: 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be used up to 7 days, including home use. There is a lack of documentation regarding surgery having taken place. The request exceeds the guidelines recommendation of 7-day rental. Therefore, the request for associated surgical service retrospective vital wear cold/hot wrap rental for 4 months is not medically necessary.