

Case Number:	CM15-0124354		
Date Assigned:	07/08/2015	Date of Injury:	07/19/2001
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, Oregon
 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:

This injured worker is a 58-year-old female, who reported an industrial injury on 7/19/2001. Her diagnoses, and or impression, were noted to include: displacement of the lumbar inter-vertebral disc without myelopathy. Roentgenograms were reported done which note spondylolisthesis of the lumbar spine and a retrolisthesis of the lumbar spine; no current x-rays or imaging studies were noted. Her treatments were noted to include diagnostic imaging studies; pain management and medication management; and rest from work. The progress notes of 6/11/2015 reported deterioration in her condition with progressive pain in her back that radiated into the left leg and both buttocks. Objective findings were noted to include tenderness at the lumbosacral area; decreased/painful forward flexion; positive bilateral straight leg raise with pain extending below the knees; and diminished reflexes. The physician's requests for treatments were noted to include an assistant surgeon (secondary to the surgeon and the co-vascular surgeon) for the lumbar fusion with instrumentation surgery, and post-surgical hot/cold wrap therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hot/cold therapy unit with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. In this case, the request is for a DME not recommended. Therefore, the request is not medically necessary.

Associated surgical service: Assistant surgeon: Overturned

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 Official Disability Guidelines (ODG) low back.

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of assistant surgeon. According to the ODG, Low Back Chapter, Surgical assistant is recommended as an option in more complex surgeries including CPT code for lumbar interbody fusion. As the surgical request CPT code is recommended for assistant surgeon, the request is medically necessary.