

Case Number:	CM15-0178734		
Date Assigned:	09/21/2015	Date of Injury:	12/18/2013
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 12-18-13. The injured worker has complaints of low back pain and radiculopathy. Examination of the cervical spine on 4-2-15 exhibits tenderness to palpation about the paracervical and trapezial musculature and there is muscle spasms noted. There is restricted range of motion due to complaints of pain. Magnetic resonance imaging (MRI) of the lumbar spine on 4-13-15 revealed at the L3-L4 level, there is an asymmetric 5-6 millimeter broad-based disk bulge with focal right lateral prominence, causing moderate to severe right and moderate left neural foraminal narrowing. The diagnoses have included cervical spine sprain and strain with radicular complaint; status post left shoulder arthroscopy on 3-18-14; lumbar spine sprain and strain with radicular complaints, status post L4- 5 and L5-S1 (sacroiliac) microdiscectomy left sided and hemilaminotomy foraminotomy decompression on 11-11-14; lumbar spine radiculopathy and lumbar discopathy. Treatment to date has included microdiscectomy at L4-5 and L5-S1 (sacroiliac). The original utilization review (8-13-15) non-certified the request for cryotherapy and walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Cold/Heat Packs Section.

Decision rationale: Per MTUS guidelines, the at-home local applications of conventional ice packs are as effective as those performed by therapists. Per the ODG, ice and/or heat packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. 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. In this case, there is no documentation that would suggest that a cryotherapy unit would be superior to at-home application of cold/heat packs in the injured worker, therefore, the request for cryotherapy is determined to not be medically necessary.

Walker: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Walking Aids Section.

Decision rationale: The MTUS Guidelines do not address the use of walkers. The ODG does recommend the use of walkers to reduce pain associated with osteoarthritis. It is not evident that the injured worker has pain from walking that may benefit from the use of a walker over a cane. Although the injured worker is status-post L4-5 and L5-S1 (sacroiliac) microdiscectomy left sided and hemilaminotomy foraminotomy decompression on 11-11-14, there is no evidence of an assessment of his mobility status that would indicated the need for a walker for ambulation support. The request for walker is determined to not be medically necessary.