

Case Number:	CM15-0026138		
Date Assigned:	02/18/2015	Date of Injury:	09/04/2012
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained an industrial injury on September 4, 2012. He has reported back pain and leg pain. The diagnoses have included lumbago, lumbar spine spondylolisthesis, and lumbar spine radiculopathy. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated January 29, 2015 indicates a chief complaint of continued back pain with radiation to the legs. Physical examination showed lumbar spine tenderness to palpation with decreased range of motion, and numbness and tingling of the lower extremities at the L4 dermatome. The treating physician is requesting a front wheeled walker and an ice unit purchase. On February 4, 2015 Utilization Review denied the request citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Front wheel walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: According to ODG guidelines, wheeled walker is preferred for patients with bilateral disease. In this case, the patient was approved for an L3-L4 posterior lumbar interbody fusion with instrumentation; however, there is no clear documentation of significant strength issues, gait abnormalities, or safety issues that require a walking aid. Therefore, the request for front wheeled walker is not medically necessary.

DME: Ice unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is 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. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) 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. (French-Cochrane, 2006). 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. (Kinkade, 2007) See also Heat therapy; Biofreeze #130; cryotherapy gel. There is no controlled studies supporting the superiority of the requested DME for undetermined duration over home cold/hot therapy for the management of post op back pain. Therefore, the request for DME: Ice unit purchase is not medically necessary.