

Case Number:	CM15-0034529		
Date Assigned:	03/02/2015	Date of Injury:	03/02/2009
Decision Date:	05/29/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 48-year-old male who reported an injury on 03/02/2009. The mechanism of injury was not specifically stated. The current diagnoses include low back pain and acquired spondylolisthesis. The injured worker presented on 01/29/2014 with complaints of persistent low back pain. The injured worker had completed 10 out of 12 approved sessions of physical therapy. Upon examination of the lumbar spine, there was tenderness to palpation over the supraspinous ligament and iliolumbar region, as well as limited range of motion. There was 5/5 motor strength with normal deep tendon reflexes. Straight leg raising test was negative. Recommendations included 12 sessions of physical therapy. There was no recent physician progress report submitted for this review. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Cold Therapy Unit: Upheld

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) Neck & Upper Back Chapter, Continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines do not recommend continuous flow cryotherapy for the spine. In this case, it is unclear whether the injured worker is pending authorization for surgery. The specific body part to be treated was not listed in the request. There was no recent physical examination provided for this review. The medical necessity for the requested associated surgical service has not been established. As such, the request is not medically necessary at this time.