MAXIMUS Federal Services

Case Number:	CM15-0065195		
Date Assigned:	04/13/2015	Date of Injury:	09/10/2014
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation

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 33 year old female sustained an industrial injury to the head and neck on 9/10/14. Previous treatment included magnetic resonance imaging, electromyography, acupuncture, back brace and medications. In a spine re-examination and appeal for request for spine surgery authorization dated 3/25/15, the injured worker complained of ongoing neck and low back pain. Authorization had been denied for cervical anterior discectomy and fusion. Current diagnoses included cervical spine radiculopathy and lumbar spine radiculopathy. The treatment plan included appealing authorization for C5-6 anterior discectomy and fusion and requesting authorization for L5-S1 decompression with possible fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website www.medi-stim.com/hotcold/ars.html, Official disability guidelines Shoulder Chapter under Continuous-flow cryotherapy.

Decision rationale: Based on the 03/24/15 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for Aqua Relief System. RFA not available. Patient's diagnosis on 03/24/15 included cervical and lumbar radiculopathy. Treatment to date included imaging and electrodiagnostic studies, acupuncture, back brace and medications. The patient is temporarily totally disabled, per 03/13/15 treater report. According to www.medi-stim.com/hotcold/ars.html, the Aqua Relief System is a hot and cold-water therapy unit which delivers pain relief to achy feet and other body parts due to arthritic pain, carpal tunnel syndrome, back pain, and other pain conditions. MTUS and ACOEM guidelines do not discuss cold/hot therapy units. ODG-TWC, Shoulder Chapter under Continuous-flow cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." Per 03/24/15 progress report, treater states the following with regards to denial of request for anterior discectomy, "it appears that there has been a typo in the transcription of my previous physical examination. There is, in fact, diminished sensation in the C6 dermatome bilaterally and, therefore, the patient does have neurologic involvement, which is concordant with her magnetic resonance imaging (MRI) findings. I am therefore, requesting an appeal for authorization for C5 to C6 anterior cervical discectomy and fusion. At this time, I would also like to request authorization for an L5-S1 decompression and possible fusion." In this case, treater has not provided a rationale for the request and has not indicated how the unit will be used. ODG Guidelines do support this type of device for postoperative recovery. However, treater has not indicated that unit is to be used postoperatively for 7 days, as indicated by guidelines. Furthermore, patient has not been authorized for either surgical procedure mentioned. Moreover, ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. While ODG guidelines support at-home application of cold/heat, if treater's intent was for home use of this device, it would still not be indicated, as the use of an ice bag would suffice. Therefore, the request IS NOT medically necessary.