

<b>Case Number:</b>	CM15-0075166		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 35 year old male who sustained a work related injury March 30, 2012. According to a secondary treating physician's progress report, dated February 3, 2015, the injured worker presented with low back pain with bilateral radiation, right greater than left, to the toes which were positive for numbness and tingling. Diagnosis is documented as lumbar spine 9 mm disc protrusion L4-5; severe stenosis. Treatment plan included request for authorization for lumbar spine L4-L5 right posterior laminotomy, foraminotomy, microdiscectomy, pre-operative medical clearance, post-operative physical therapy 3 x 4, a cold therapy unit (CTU), and lumbar spine brace large. A secondary treating physician's progress report dated March 3, 2015, reflects the same pain with a notation the physical examination is unchanged. Diagnoses are lumbar disc displacement; spasm of muscle; lumbosacral neuritis. Treatment plan included electrodiagnostic studies and lumbar spine x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 Day Rental of Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back section, cold/heat packs.

**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. Therefore the request is not medically necessary.

**12 Post-operative Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Guidelines recommend initially 1/2 the initial number of visits. As the request exceeds the 8 initial visits recommended, the request is not medically necessary.