

Case Number:	CM15-0078512		
Date Assigned:	04/29/2015	Date of Injury:	03/22/2013
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 53 year old male sustained an industrial injury to the low back on 3/22/13. The injured worker underwent on L4-5 laminotomy and L5-S1 hemilaminotomy on 1/15/14. In a progress note dated 3/27/15, the injured worker reported that he twisted his right ankle which exacerbated his symptoms and caused severe lumbar muscle spasm and pain down bilateral leg. The injured worker reported that his back pain caused him to twist his ankle due to altered gait. Magnetic resonance imaging lumbar spine (3/16/15) showed degenerative disc disease with nerve root abutment within the neural foramina. Current diagnoses included lumbar spine radiculopathy with left foot drop, status post laminotomy and hemilaminotomy, left L5-1 foraminal stenosis. The treatment plan included lumbar fusion with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous flow cryotherapy unit.

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative cold therapy unit is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are lumbar radiculopathy with foot drop; status post L4 - L5 laminotomy and L5 - S1 hemi-laminotomy; left L5 - S1 foraminal stenosis and recurrent foraminal stenosis with segmental collapse. The injured worker underwent surgery on January 15, 2014. In a subsequent progress note, a spinal cord stimulator was recommended. However, the treating provider felt reconstructive surgery with an ALIF was recommended first and would likely reduce continued pain in the lumbar spine. The treatment plan was for a cold therapy unit in the postoperative period. Multiple requests for surgery were submitted and denied based on documentation. Because the surgery is denied, the postoperative cold therapy unit is not clinically indicated. Consequently, absent clinical documentation with approval for requested ALIF, postoperative cold therapy unit is not medically necessary.