

Case Number:	CM15-0097584		
Date Assigned:	05/28/2015	Date of Injury:	06/04/2014
Decision Date:	07/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: New York
Certification(s)/Specialty: Neurological 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 38 year old male, who sustained an industrial injury on 6/4/14. He reported pain in his neck and back. The injured worker was diagnosed as having cervical sprain with radicular complaints and lumbar sprain with radicular complaints. Treatment to date has included Tramadol. As of the PR2 dated 2/11/15, the injured worker reports intermittent moderate low back pain with tingling. He is also reporting intermittent moderate neck pain. Objective findings include tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. This is the only progress note included for review. The treating physician requested post-operative cryotherapy 2 x weekly for 6 weeks and post-operative physical therapy 2 x weekly for 6 weeks to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Post-operative cryotherapy 2 x 6: 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), Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter cold/heat packs.

Decision rationale: The ODG guidelines note that there is minimal evidence supporting the use of cold therapy. The guidelines note that Biofreeze cryotherapy gel is recommended as an optional form of cryotherapy for acute pain for a short period of time. The request is for 6 weeks which does not comply with the recommendations. The requested treatment: Associated surgical services: Post-operative cryotherapy 2 x 6 is not medically necessary and appropriate.

Associated surgical services: Post-operative physical therapy lower back 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-Post surgical treatment.

Decision rationale: The ODG guidelines recommend a program of fading frequency, plus an active self-directed home PT program. Documentation does not show evidence of such recommendations. The guidelines allow for 16 PT visits over 8 weeks and the request does not follow these recommendations. The requested treatment: Associated surgical services: Post-operative physical therapy lower back 2 x 6 is not medically necessary and appropriate.