

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	8/13/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004243

- 1) MAXIMUS Federal Services, Inc. has determined the request for hot/cold contrast system **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for hot/cold contrast system is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2011. Thus far, she has been treated with the following: Analgesic medications; sacroiliac joint block; transfer of care to and from various providers in various specialties; prior epidural steroid injections, including on February 26, 2013; a sacroiliac joint injection on November 6, 2012; unspecified amounts of physical therapy; unspecified amounts of acupuncture over the life of the claim; and extensive period of time off of work. The applicant has been given work restrictions which have not been accommodated by her employer.

In a utilization review report of July 18, 2013, the claims administrator denied a request for a hot and cold contrast system.

The most recent progress report of June 21, 2013, is notable for comments that the applicant reports ongoing issues of chronic low back pain. She is on Norco for pain relief. Sacroiliac joint injection therapy is sought, along with a hot and cold contrast system.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for hot/cold contrast system :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines 2nd Ed., Low Back Disorders Chapter (update to Chapter 12). Pg. 155, Cryotherapies for Management of Acute Low Back Pain, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300, Physical Methods, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, at-home applications of heat and cold are as effective as those performed by a therapist or, by implication, those delivered via high-tech means. A review of the records indicates, in this case, it is not clearly stated why the employee cannot perform simple, at home, topical applications of heat and cold. The unfavorable Second Edition ACOEM recommendation is echoed by the Third Edition ACOEM Guidelines, which also argue against high-tech means of delivering cryotherapy or heat therapy. Accordingly, the original utilization review decision is upheld.

The request for hot/cold contrast system is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.