

<b>Case Number:</b>	CM13-0010653		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 37-year-old woman who sustained a work related injury on September 1, 2008. Susequently she developed headaches, back pain, thoracic pain, and knee pain. She was diagnosed with headaches, cervical sprain/strain, lumbar sprain/strain, right knee meniscus tear, insomnia, and depression. According to a note dated on November 20, 2012, the patient's course of treatment included: medications, physical therapy, acupuncture, and chiropractic treatments to the back and right knee. Her physical examination showed lumbar and cervical tenderness with reduced range of motion. Her neurological examination was normal. The provider requested authorization for water circulating heat pad with pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WATER CIRCULATING HEAT PAD WITH PUMP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint;

thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient who was suffering from a chronic back pain and who was injured on 2008. Hot and Cold therapy is usually approved during the acute post op setting to treat post op inflammatory swelling. In addition, the patient could use simple heating pad rather purchasing a DME device (Pump) There is no controlled studies supporting the use of hot/cold therapy in chronic back pain. Therefore, the request for water circulating heat pad with pump is not medically necessary.