

Case Number:	CM13-0022374		
Date Assigned:	11/13/2013	Date of Injury:	02/17/2001
Decision Date:	02/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar laminectomy; a lumbar discogram; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 28, 2013, the claims administrator denied a request for a continuous cooling device, citing non-MTUS Blue Cross Guidelines. The applicant's attorney subsequently appealed. A later progress report of October 4, 2013 is notable for comments that the applicant is off of work. She is reportedly 100% permanently disabled. It is stated that her previous 58% partial disability rating is not commensurate with the extent of her disability. She reports multifocal neck and shoulder pain. She is presently on OxyContin, Norco, Prilosec, Soma, Ativan, Lyrica, Dendracin, and Neurontin. An epidural steroid injection, medication refills, intrathecal Morphine, and self-directed physical therapy are endorsed. Also reviewed is a handwritten request for authorization for a Gym membership and earlier request for various topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma cooler system and pad/wrap with set up and delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: 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 therapist or, by implication, those delivered via high-tech means. The unfavorable MTUS Guideline in ACOEM chapter 12 is endorsed by the third edition ACOEM Guidelines, which also argue against usage of high-tech devices to deliver cryotherapy. In this case, the attending provider has not furnished any compelling rationale or narrative so as to try and offset the unfavorable ACOEM recommendations. Therefore, the request remains non-certified, on independent medical review.