

Case Number:	CM13-0026242		
Date Assigned:	01/10/2014	Date of Injury:	02/02/2008
Decision Date:	05/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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:

██████████ is a 52 year old woman who sustained a work-related injury on February 1, 2008. Subsequently she developed with right shoulder pain and low back pain. According to a note dated on January 12, 2013, the patient was complaining of right shoulder pain and left arm pain and dull low back pain. Her physical examination demonstrated right shoulder tenderness, decreased right shoulder range of motion and tenderness through the cervical paraspinal muscles. The treatment, lumbar pain and anxiety and sleep disorder. The provider requested hot/cold therapy and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO HOT/COLD UNIT WITH PUMP FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

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 and shoulder pain. There is no controlled studies supporting the use of hot/cold therapy in chronic pain including chronic back and shoulder pain. Therefore, the request for hot and cold therapy is not medically necessary.

RETRO LUMBAR SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to California MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request to purchase lumbar brace is not medically necessary.