

Case Number:	CM13-0027959		
Date Assigned:	11/22/2013	Date of Injury:	01/14/2013
Decision Date:	01/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 49-year-old male who reported an injury on 01/14/2013. The patient is currently diagnosed with lumbar spine herniated nucleus pulposus and right shoulder sprain. The patient was seen by [REDACTED] on 12/02/2013. The patient reported 7/10 lower back and right shoulder pain. Physical examination revealed tenderness to palpation with full range of motion. Treatment recommendations included a urinalysis, pain management referral, acupuncture, chiropractic treatment, topical compound cream, orthopedic referral, and a return visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 Assay Strap (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At-home local applications of heat or cold are as effective as those performed by therapists. Official Disability Guidelines state cold

and heat packs are recommended as an option for acute pain. Evidence-based literature does not support the superiority of a motorized unit over conventional cold packs and is not found to substantiate the requested rental. As such, the medically necessary has not been established. Therefore, the request is noncertified.

Request for 1 Hot/Cold Therapy Pad (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At-home local applications of heat or cold are as effective as those performed by therapists. Official Disability Guidelines state cold and heat packs are recommended as an option for acute pain. Evidence-based literature does not support the superiority of a motorized unit over conventional cold packs and is not found to substantiate the requested rental. As such, the medically necessary has not been established. Therefore, the request is noncertified.

Request for 1 month rental of Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At-home local applications of heat or cold are as effective as those performed by therapists. Official Disability Guidelines state cold and heat packs are recommended as an option for acute pain. Evidence-based literature does not support the superiority of a motorized unit over conventional cold packs and is not found to substantiate the requested rental. As such, the medically necessary has not been established. Therefore, the request is noncertified.