MAXIMUS Federal Services

Case Number:	CM13-0031986		
Date Assigned:	12/04/2013	Date of Injury:	05/10/2011
Decision Date:	01/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 and Rehabilitation 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 underlying date of injury in this case is 05/10/2011. Treating diagnoses include 847.2 or lumbar sprain as well as 714.4 or lumbosacral radiculitis. An initial physician review notes that this patient is a 25-year-old groundskeeper who was injured via the mechanism of injury that he was trimming tree hedges and standing on a table. The patient reported ongoing low back pain radiating down both legs to the toes with weakness and tingling. An initial physician review concluded that routine use of cryotherapies or home use of a high-tech cryotherapy device is not recommended for treatment of low back pain. The medical records do not provide an alternate rationale to support an exception to this treatment guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 560.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 48, recommends "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive

modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The guidelines therefore support the use of thermal modalities in the acute phase of injury but do not support chronic use of such equipment or the use of high-tech thermal modality equipment, particularly in the current chronic phase of an injury. This request is not medically necessary.