

Case Number:	CM13-0032054		
Date Assigned:	12/04/2013	Date of Injury:	04/05/2011
Decision Date:	02/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

54 year old male with industrial injury 4/5/11. Status post 6/30/12 lumbar discectomy L3/4. Exam note from 11/4/13 demonstrates pain in lower back, right hip/thigh, left knee and left lower leg. Objective findings of positive straight leg raise testing bilaterally. Request 9/13/13 for heat cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Official Disability Guidelines regarding cold therapy, recommended as an option for treatment of acute pain. At-home applications of cold packs to the affected site in first few days of acute complaint, thereafter, applications of alternating heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. 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. 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. The guidelines do not support the use of hot/cold therapy and the determination is for non-certification.