

Case Number:	CM13-0033031		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2013
Decision Date:	10/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family 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:

This injured worker's date of injury is 04/10/2013. This patient receives treatment for chronic low back pain. Additional problems include right elbow epicondylitis, OA first MCP joint L hand, lumbar disc disease lower spine, and cervical disc disease. The patient had MRI imaging of the right elbow, cervical spine, and lumbar spine. The patient has used a TENS treatment for pain management. The patient received topical analgesics. The patient received chiropractic treatment and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT AND COLD PACK/WRAP UNIT X 6 WEEKS: Upheld

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

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

Decision rationale: The ODG does not address cryotherapy for low back pain, but it does address this for postoperative knee treatment. The treatment guidelines do recognize cold therapy

for 7 days after knee surgery; however, 6 weeks of cold therapy for chronic low back pain is not recognized or recommended.