

Case Number:	CM13-0033644		
Date Assigned:	12/06/2013	Date of Injury:	08/14/2011
Decision Date:	02/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio 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.

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 44-year-old female who reported an injury on 08/14/2011. The patient is currently diagnosed with chronic lumbar spine strain and sprain with radiculitis into the right lower extremity, large lumbar spine disc herniation with radiculitis, status post epidural injection in the lumbar spine, and thoracic and lumbar spine flare-up with muscle spasm following epidural injection. The patient was seen by [REDACTED] on 12/04/2013. Physical examination revealed positive straight leg raise bilaterally, positive spasms, 80% normal range of motion, 2+ deep tendon reflexes bilaterally, and 5/5 muscle strength bilaterally. It is noted the patient was pending surgery to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy, one month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Low Back (updated on 05/10/13).

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: The Physician Reviewer's 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. As per the clinical notes submitted, the patient's latest physical examination only revealed positive straight leg raise with spasm. There is no high grade evidence to support the effectiveness of passive physical modalities such as heat and cold application. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.