

Case Number:	CM13-0038647		
Date Assigned:	12/18/2013	Date of Injury:	04/15/2012
Decision Date:	02/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

A 43-year-old female with date of injury of 04/15/2012. Per handwritten report by [REDACTED] a chiropractic physician 07/24/2013, the listed diagnoses are: Lumbosacral symptoms with radiculopathy, 6-mm disk protrusion at L2-L3; right knee signs and symptoms pes anserine bursitis; right shoulder impingement AC capsulitis. The patient is apparently scheduled with [REDACTED] for first lumbosacral epidural steroid injection on 07/29/2013. Low back continues with radiation down to the lower extremities, numbness and tingling to toes. The patient uses EMS, does stretches. Review of the utilization review letter 09/06/2013 shows that the request for hot/cold contrast system following the procedure was withdrawn which was confirmed with the requesting physician. [REDACTED] treating physician report 08/13/2013 states that the patient has low back pain at a 5/10, had left L2-L3 lumbar epidural steroid injection on 07/29/2013 with 100% improvement for 3 days. Leg pain was relieved. Listed diagnoses were lumbar disk disease, lumbar radiculopathy, lumbar facet joint syndrome. Recommendation was for bilateral L2 to S1 medial branch blocks to look at the facet joints and the patient was recommended for hot/cold unit following the procedure. The patient was to continue the use of electrical muscle stimulation unit. Under hot/cold contrast system, the treater explains that the system provides continuous circulation and pressure to the injury via an electric pump and body parts specified pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Hot/cold Contract System following the procedure: 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).

Decision rationale: This patient presents with chronic low back pain, radiculopathy. The patient recently underwent epidural steroid injection with near complete resolution of the leg symptoms. The treating physician, [REDACTED], has recommended use of hot/cold contrast system, which appears to be a continuous flow hot/cold unit. This unit was requested for use following the epidural steroid injection procedure. Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines do not discuss this system. However, Official Disability Guidelines state that hot/cold treatments are recommended as an option for acute pain. However, this refers to local application of cold packs in first few days of acute complaint thereafter application of heat packs or cold packs. There was minimal evidence supporting the use cold therapy, but heat therapy has been found to helpful for pain reduction and return to normal function. None of the guidelines discussed automated heat/cold contrast system. Furthermore, the treating physician appears to be requesting this unit to be used following epidural steroid injection. This is not something that is needed. The patient already had an epidural steroid injection and had reduction of pain down the lower extremity. Epidural steroid injections are fairly simple outpatient procedure that do not require any complicated heat/cold treatments to manage post procedural pain. Chronic Pain Medical Treatment Guidelines discussing epidural steroid injection do not have any recommendations or discussions regarding this type of treatment. There are no evidence-based support to provide hot/cold contrast system following epidural steroid injection. None of the guidelines reviewed including MTUS, ACOEM, and ODG specifically discuss this request. Therefore the request for Hot/cold contract system following the procedures is not medically necessary.