MAXIMUS Federal Services

Case Number:	CM13-0057030		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2007
Decision Date:	10/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy and fusion surgery in August 2010; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 15, 2013, the claims administrator denied a request for a heating and cooling device. Non-MTUS and MTUS Guidelines were invoked, although it did not appear that the claims administrator clearly invoked either set of guidelines into its rationale. In a November 5, 2013 Request for Authorization Form, a thermal cooling system with water circulating wrap was endorsed. In a handwritten progress note of the same date, November 5, 2013, the applicant apparently presented reporting 8/10 pain. The site of pain was not clearly established. The thermal cool wrap was apparently proposed. In an October 7, 2013 progress note, the applicant reported 8/10 low back pain. The applicant was using Norco and naproxen for pain relief, it was noted, along with Prozac for depression purposes, it was stated. A spinal cord stimulator was apparently sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma Cooling System (Hot/Cold /Compression Therapy) with water circulating wrap:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, local applications of heat or cold are "recommended" as methods of symptom control for low back pain complaints. By implication, then, ACOEM does not support usage of more elaborate high-tech devices to deliver heat and/or cold therapy, as is being proposed here. Therefore, the request is not medically necessary.