MAXIMUS Federal Services

Case Number:	CM13-0057317		
Date Assigned:	04/25/2014	Date of Injury:	03/01/2013
Decision Date:	07/07/2014	UR Denial Date:	11/04/2013
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 patient is a 54-year-old female, who has submitted a claim for lumbar shoulder contusion, lumbar sprain / strain syndrome and left knee internal derangement; associated with an industrial injury date of March 1, 2013.Medical records from 2013 were reviewed, which showed that the patient complained of moderate-severe low back pain, grade 7/10 on pain scale. Left lower extremity radiculopathy was also reported characterized as numbness, tingling and paresthesia on the left lower extremity. On physical examination of the lumbar spine, tenderness was noted on the paralumbar muscle with reduced range of motion (ROM). Examination of the left knee showed, tenderness on the bilateral joint lines with painful partial deep knee bend.Treatment to date has included medications, physical therapy and acupuncture.Utilization review from 2013 denied the request for Q-TECH HOT AND COLD UNIT FOR LUMBAR SPINE however; reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH HOT AND COLD UNIT FOR LUMBAR SPINE: 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 Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin, Hot or Ice Machine.

Decision rationale: CA MTUS and ODG do not specifically address hot/cold therapy unit. As stated on AETNA Clinical Policy Bulletin, the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) are experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, the Q Tech Hot and Cold Unit were prescribed to alleviate lumbar pain. However, there was no compelling rationale for its use despite it being experimental and investigational. Moreover, simple at-home applications can suffice for the delivery of hot and cold therapy. Therefore, the request for Q-TECH HOT AND COLD UNIT FOR LUMBAR SPINE is not medically necessary.