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| Case Number: | CM13-0057898 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/18/2013 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 11/20/2013 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 6/18/13. The diagnoses include status post left shoulder rotator cuff repair and distal clavicle resection 11/14/13, neck sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder internal derangement. Under consideration is a request for a hot cold unit for cervical and lumbar spine. There is a primary treating physician (PR-2) document dated 9/24/13. The patient complains of frequent neck pain, constant mid back pain radiating to the lower extremities, and constant left shoulder pain. On examination there is limited cervical, thoracic, lumbar and left shoulder range of motion. There is a positive bilateral straight leg raise. The treatment plan includes oral medications including Naprosyn, Omeprazole, and Cyclobenzaprine. There is a request for topical medications, physical therapy, acupuncture, chiropractic care, ESWT, as well as follow up for the cervical and lumbar spine with a specialist. The document states that authorization is pending for the patient to receive a cervical and lumbar hot and cold unit. The document states that the use of the unit will aid the patient in pain relief, reduction of muscle spasm, increase of local blood flow and blood perfusion, tissue healing, decrease in swelling and inflammation, reduce the need for pain medications and increase joint range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/COLD UNIT FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, COLD/HOT PACKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Continuous-flow cryotherapy and cold packs ; Low back- Cold/heat packs and Heat/cold applications.

Decision rationale: Hot cold unit for cervical and lumbar spine is not medically necessary per the ACOEM guidelines and ODG guidelines. The ACOEM MTUS guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications. At-home local applications of cold packs for the neck or low back are an option during first few days of acute complaints; thereafter, applications of heat packs for the neck and low back can be used. The ODG states that heat therapy can be recommended as an option. The ODG states that continuous flow cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The documentation does not indicate that the request is limited to a 7 day treatment or that the patient has had neck or lumbar surgery. There is no indication that the patient cannot use hot or cold at home applications to the neck and low back. The request for a specialized hot cold unit is not medically necessary and therefore the hot cold unit for cervical and lumbar spine is not medically necessary.