

Case Number:	CM13-0061244		
Date Assigned:	02/18/2014	Date of Injury:	05/03/2011
Decision Date:	05/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery 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 44 year-old male who was injured on 05/03/2011 while lifting a large computer printer weighing 60 to 70 lbs. from a desk down to a dolly at which time he experienced increased lower back pain. Prior treatment history has included home exercise program/TENS unit helped temporarily. UR dated 11/15/2013 indicated that a right SI joint rhizotomy was certified. PR2 dated 12/23/2013 states the patient complained of right-sided low back pain over the right sacroiliac joint. His pain level is from 9/10 to 6/10 with increased activities of daily living. Physical findings revealed tenderness to palpation with pain over the right sacroiliac joint and lumbar paravertebral musculature. Yeoman's test and Gaenslen's test are positive. There is increased pain with range of motion. The diagnosis was lower thoracic musculoligamentous sprain/strain and lumbosacral musculoligamentous sprain/strain, right greater than left. The patient was scheduled for a right sacroiliac joint rhizotomy. The patient was instructed to continue home exercise program and continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CONTINUOUS-FLOW CRYOTHERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF ENVIRONMENTAL MEDICINE (ACOEM), INITIAL APPROACHES TO TREATMENT, PAGE 44. OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, COLD/HEAT PACKS, CONTINUOUS-FLOW CRYOTHERAPY, HEAT THERAPY.

Decision rationale: According to the Official Disability Guidelines and ACOEM, heat and cold packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is inadequate clinical evidence to substantiate that hot-cold unit is more efficacious than standard ice/cold and hot packs. The references state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Simple at home applications of heat and cold are thought to suffice for delivery of heat or cold therapy. The medical necessity of a hot/cold unit is not established.