

Case Number:	CM13-0062514		
Date Assigned:	01/22/2014	Date of Injury:	01/13/2012
Decision Date:	04/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation 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:

This is a 52 year old male who was injured on 1/13/2012. He was diagnosed with lumbar sprain and radiculopathy. According to the 12/6/13 progress note form [REDACTED], the patient presents with low back and leg pain. On exam he had muscle spasms and a reduced range of motion. The plan was for Gabapentin, Diazepam, and cold therapy to the patient's lower back. On 12/3/13 a utilization review denied an ice machine/cold water 3-month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICE MACHINE COLD WATER 3 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and the AETNA Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold, number 0297.

Decision rationale: The patient presents with low back pain. The date of onset is 1/13/12. The patient is not in the acute stage. The ACOEM and ODG only recommend cold therapy for the acute stage. Aetna Guidelines were consulted. Aetna states hot/ice machines and similar devices

are considered experimental and literature does not show any benefit over standard cryotherapy. The request is therefore not medically necessary and appropriate.