

Case Number:	CM13-0065757		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2012
Decision Date:	04/15/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 mid back pain, chronic low back pain, and degenerative disc disease reportedly associated with an industrial injury of July 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS unit; unspecified amounts of physical therapy; and work restrictions. In a utilization review report of November 21, 2013, the claims administrator apparently denied a lumbar cold pack with a strap. The rationale for the claims administrator's denial was not provided in its entirety. The claims administrator did not clearly cite the guidelines on which the denial is based. In a December 3, 2013, progress note, the applicant is described as exhibiting persistent mid and low back pain. The applicant is on Norco and Motrin for pain relief, it is stated. Tenderness to touch is noted at the thoracic-lumbar junction with 5/5 lower extremity strength appreciated. It is stated that authorization is sought for a lumbar cold pack with a strap. It was stated that the strap would allow the applicant to work while employing cold therapy. The attending provider took exception to the earlier denial of the claims administrator which reportedly stated that the applicant could simply use frozen vegetables. A TENS unit was also sought. The applicant was returned to work with a 50-pound lifting limitation. It did appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar cold pack with strap: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 9th Edition -Treatment for Workers' Compensation (TWC), Integrated Treatment Guidelines/Disability Duration Guidelines (DDG)

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, at home local applications of cold or heat are "recommended" as a method of symptom control for low back complaints. In this case, the cold pack with associated strap being sought by the attending provider does represent simple, low-tech applications of heat and cold which is recommended as part and parcel of self-care by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.