

Case Number:	CM13-0067762		
Date Assigned:	07/02/2014	Date of Injury:	09/09/2010
Decision Date:	08/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of September 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; apparent return to an alternate employment as a security guard; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 4, 2013, the claims administrator denied a request for hot and cold therapy unit. The claims administrator based its denial on lack of supporting information from the attending provider and a variety of MTUS and non-MTUS guidelines, including the MTUS-adopted ACOEM Guidelines in Chapter 12, 2008 ACOEM Guidelines, and ODG Guidelines. The applicant's attorney subsequently appealed. It appears that the hot and cold therapy unit was requested via a handwritten prescription dated August 14, 2012. It was stated that the applicant underwent surgery on that date. The nature of the surgery the applicant underwent was not stated. In a May 8, 2014 progress note, the applicant was described as having persistent complaints of chronic low back pain, 3-7/10. The applicant was working as a security guard. The applicant was using Motrin for pain relief. Physical therapy, acupuncture, Motrin, and a topical compounded cream were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Table 12-5.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat or cold are recommended as methods of symptom control for low back pain issues. ACOEM, thus, endorses low-tech applications of heat and cold as opposed to the high-tech continuous cryotherapy and/or continuous heating device seemingly being sought by the attending provider. No rationale for usage of the device in question was provided so as to offset the unfavorable ACOEM recommendation. No progress note was attached to the order of August 14, 2012. Therefore, the request was not medically necessary.