MAXIMUS Federal Services

Case Number:	CM13-0071748		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2013
Decision Date:	08/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Nevada. 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 injured worker is a 26-year-old female who was reportedly injured on July 9, 2013. The mechanism of injury is cleaning and moving chairs. The most recent progress note, dated November 13, 2013, indicates that there are ongoing complaints of low back pain. Current medications are stated to include Tylenol, Naproxen, and Flexeril. The physical examination demonstrated tenderness to the lumbar spine paravertebral muscles and a positive right-sided straight leg test. Previous treatment includes the use of a back brace and 12 visits of physical therapy. A request had been made for a motorized flow cold therapy unit and was not medically necessary in the pre-authorization process on December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MOTORIZED COLD THERAPY UNIT (PURCHASE) BETWEEN 12/4/13 AND 1/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - lumbar and thoracic, Cold/heat packs, Updated July 3, 2014.

Decision rationale: It is unclear why there is a request for a motorized cold therapy unit for the treatment of the injured employee's low back pain. According to the official disability guidelines the application of cold packs are indicated in the first few days after an acute injury. However there is minimal evidence supporting the use of cold therapy for chronic pain, but heat therapy has been found to be helpful for pain reduction and return to normal function. Considering this, the request for a motorized cold therapy unit is not medically necessary.