

Case Number:	CM14-0003972		
Date Assigned:	02/03/2014	Date of Injury:	03/17/2013
Decision Date:	08/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Texas. 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 49 year old female whose date of injury is 03/17/08. The mechanism of injury is described as lifting. Re-evaluation dated 05/09/14 indicates that the injured worker complains of upper and low back pain. Diagnoses are listed as cervical spine sprain/strain, myospasm, lumbar spine sprain/strain, cervical radiculopathy, lumbar radiculopathy, bilateral shoulder sprain/strain, chronic pain, gastritis, lumbar spine multilevel disc protrusions, depression and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT AND COLD PACK/WRAP X 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Cold/heat packs.

Decision rationale: Based on the clinical information provided the request for hot and cold pack/wrap x 6 weeks is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. The Official Disability Guidelines would support

the at-home application of cold packs in the first few days of acute complaint. The Official Disability Guidelines note that there is minimal evidence supporting the use of cold therapy.