

Case Number:	CM14-0010801		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 low back pain reportedly associated with an industrial injury of June 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; a multimodality TENS unit of some kind; and extensive periods of time off of work. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a hot and cold compression unit for the lumbar spine, citing non-MTUS ODG Shoulder Chapter Guidelines on the same. The applicant's attorney subsequently appealed. An earlier note of December 5, 2013 was notable for comments that the applicant was placed off of work, on total temporary disability, with reported diagnosis of shoulder pain, low back pain, anxiety, stress reaction, and insomnia. The note was handwritten and somewhat difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD COMPRESSION UNIT, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Continuous Flow Cryotherapy.

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

Decision rationale: Based on the product description, the request appears to represent a request for high-tech means of delivering hot and cold therapy. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of hot and cold are recommended as part and parcel of self-care. There is no support, then, in ACOEM for the more elaborate high-tech means of delivering hot and cold therapy such as the unit proposed here. In this case, moreover, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.