

Case Number:	CM14-0016602		
Date Assigned:	04/11/2014	Date of Injury:	01/17/2008
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation 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 patient was injured on 01/17/2008 while the stool slipped from underneath her, causing her to fall on a tiled floor, landing on her left side. She immediately experienced low back pain. Prior treatment history has included physical therapy and medications. Progress note dated 12/04/2013 documents the patient with complaints of pain in the back which she rates on a pain scale at 7/10 to 8/10. Progress note dated 12/04/2013 documents objective findings to reveal a wide based gait. The patient did heel-toe walk with difficulty secondary to low back pain. Piriformis test were negative bilaterally. Sacroiliac tests revealed positive tenderness on the right side. Kemp's test was positive bilaterally. Farfan test was positive on the right. There is low back pain with seated straight leg raise at 60 degrees and supine straight leg raise at 50 degrees. Lower extremity muscle testing was 5/5 bilaterally. Lower extremity reflexes 2+ bilaterally. PR-2 dated 01/07/2014 documented the patient with complaints of constant dull achy low back pain. She rates her pain 8/10 on VAS and improved with meds and HEP. Objective findings on exam are illegible. Treatment Plan: L4-S1 rhizotomy. Continue HEP and EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/heat packs, Continuous-flow cryotherapy, Heat therapy

Decision rationale: According to the CA MTUS/ACOEM and Official Disability Guidelines, heat and cold packs are recommended as an option for pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is inadequate clinical evidence to substantiate that a hot/cold unit is more efficacious than standard ice/cold and hot packs. The references state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Simple at home applications of heat and cold will suffice for delivery of heat or cold therapy. Therefore, the request for hot/cold unit is not medically necessary and appropriate.