

Case Number:	CM14-0137312		
Date Assigned:	09/05/2014	Date of Injury:	04/01/2012
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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:

According to the records made available for review, this is a 38-year-old male with a 4/1/12 date of injury. At the time (6/26/14) of request for authorization for DME Motorized Cold Therapy Unit for purchase, there is documentation of subjective (back pain and presently resolved lower extremity radiating pain) and objective (tenderness to palpation at L4-L5 and L5-S1 levels and over the facets and paravertebral musculature and decreased lumbar spine range of motion with forward flexion with fingertips to level of knees, extension 10 degrees, lateral bending 10, and rotations 30 degrees) findings, current diagnoses (axial low back pain, discogenic versus facetogenic low back pain, and 3 mm disc bulge at L4-L5, 4mm disc bulge at L5-S1 with annular tear), and treatment to date (medication (including ongoing treatment with Norco), activity modification, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Motorized Cold Therapy Unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed - indexed for MedLine

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,

Cold/heat packs Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217
PubMed - indexed for MEDLINE

Decision rationale: MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for DME Motorized Cold Therapy Unit for purchase is not medically necessary.