

Case Number:	CM14-0157871		
Date Assigned:	10/01/2014	Date of Injury:	05/29/2006
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopedic Spine Surgeon 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 52-year-old male who reported an injury on 05/29/2006. The mechanism of injury was not stated. The current diagnoses include left L5-S1 herniated nucleus pulposus and low back pain with left lower extremity radiculitis. Previous conservative treatment is noted to include physical therapy and epidural steroid injections. The latest physician progress report submitted for this review is documented on 04/02/2014. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed moderate tenderness in the lumbar spine with slight tenderness in the cervical spine, limited lumbar range of motion, negative straight leg raising, and diminished deep tendon reflexes in the lower extremities. Treatment recommendations at that time included an MRI of the lumbar spine. It is noted that the injured worker underwent an L5-S1 anterior epidural steroid injection on 08/11/2014. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Therapy Unit with Wrap, for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300..

Decision rationale: California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold are as effective as those performed by a therapist. There is no mention of a contraindication to at home local applications of heat or cold as opposed to a motorized unit. The medical necessity has not been established. Therefore, the request is not medically appropriate.