

Case Number:	CM14-0174303		
Date Assigned:	10/24/2014	Date of Injury:	05/08/2012
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 May 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; various interventional spine procedures involving the lumbar spine; a lumbar support; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator approved an L3-L5 medial branch block while denying a 30-day rental of a hot and cold unit. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported ongoing complaints of low back pain, 3-4/10. The applicant stated that his pain was entirely axial in nature. The attending provider posited that earlier medial branch blocks were successful. The attending provider sought authorization for multilevel radiofrequency rhizotomy procedures along with a hot and cold unit following the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) day rental of hot/cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Table12-5, page 299.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaint, by implication, ACOEM does not support the more elaborate high-tech device being sought to administer cryotherapy and/or heat therapy here. The unfavorable MTUS position in ACOEM Chapter 12 on usage of elaborate cryotherapy devices is echoed by that of the Third Edition ACOEM Guidelines Low Back Chapter, which notes that the usage of high-tech devices to deliver cryotherapy is "not recommended" in the treatment of low back pain, as is present here. The Third Edition ACOEM Guidelines also note that application of heat therapy by high-tech means is not recommended in the treatment of low back pain, as is present here. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.