

Case Number:	CM14-0020210		
Date Assigned:	04/25/2014	Date of Injury:	02/19/1978
Decision Date:	07/07/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports 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 injured worker is a 67-year-old male who reported an injury on 02/19/1978. The mechanism of injury was not provided. The claimant underwent multiple back surgeries. The documentation of 12/16/2013 revealed the claimant had an epidural steroid injection on 09/06/2013 which helped significantly with low back pain. The physical examination revealed significant tenderness over the spinus processes and paravertebral muscle region from T8-10 bilaterally. The claimant had a midline scar throughout the lumbar region that was well healed. The claimant had decreased sensation to light touch in both of his lower extremities. The diagnoses included low back pain and radicular symptoms improved significantly after caudal epidural steroid injection, severe midthoracic back pain as well as a history of multiple lumbar spine surgeries, fusions and removal of hardware. The treatment plan included Norco 10/325 twice a day as needed, another caudal epidural steroid injection, MRI studies of the thoracic spine and a Thermo hot and cold contrast therapy with compression for 60 days for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMO COOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Cold/Heat Packs.

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

Decision rationale: The MTUS/ACOEM guidelines indicate that at-home applications of cold in the first few days of an acute complaint are appropriate and thereafter applications of cold or heat are appropriate. The clinical documentation submitted for review indicated the claimant should have a Thermo cool hot and cold contrast therapy with compression. It was indicated, per the physician that the multimodality treatment is preferred over simple ice and heat packs for the additional benefit of compression as well as increased patient compliancy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that continuous low level heat wrap therapies are superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for application of cold treatment to low back pain is more limited than heat therapy. The request as submitted failed to indicate the duration for use. There was lack of documentation of exceptional factors to support the use of a hot/cold contrast compression device. Given the above, the request for Thermo cool hot and cold contrast therapy with compression is not medically necessary and appropriate.

MRI STUDIES OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines indicated that unequivocal objective findings that identify specific nerve compromise on a neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review indicated the injured worker had tenderness over the spinous processes and paravertebral muscle region from T8-10. There was a lack of documentation of unequivocal objective findings identifying specific nerve compromise and there was a failure of documentation indicating the injured worker had a failure to respond to treatment and would consider surgery an option. Given the above, the request for an MRI study of the thoracic spine is not medically necessary and appropriate.