

Case Number:	CM14-0020400		
Date Assigned:	04/30/2014	Date of Injury:	06/12/2009
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 45 year old woman who sustained a work related injury on June 12 2009. Subsequently she developed chronic right shoulder and neck pain. She was diagnosed with right shoulder rotator tear and cervical sprain. According to a note dated on December 18 2013, the patient was complaining of neck, right shoulder and low back pain. According to another note dated on November 12 2013, the patient reported that the right shoulder pain transitory improved with shoulder injection. Her physical examination demonstrated positive impingement test for the shoulder bilaterally and minimal tenderness in the cervical and lumbar spine. According to a note dated on March 20 2014, the patient reported increased neck pain with numbness and tingling in the right arm, worsening of right shoulder pain, and worsening of back pain. Physical examination showed diffuse shoulder and spine tenderness and no focal neurological Purchase And Installation Of Aqua Relief System.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE AND INSTALLATION OF AQUA RELIEF SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is “Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel”. There is no evidence to support the efficacy of hot and cold therapy in this patient who was suffering from a chronic back, neck and shoulder pain. There is no controlled studies supporting the use of hot/cold therapy in chronic pain including chronic back and shoulder pain. Hot-cold therapy is recommended for seven days after shoulder surgery and no or limited evidence to support its use for neck and back pain. Therefore, the request for Purchase And Installation Of Aqua Relief System is not medically necessary.