

Case Number:	CM14-0024035		
Date Assigned:	02/28/2014	Date of Injury:	08/30/2012
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 Surgeon, 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:

This is a 42-year-old male with a 08/30/2014 date of injury. A specific mechanism of injury was not described. On 2/7/14, a determination was modified. A certification was given for a left sided L5 and S1 transforaminal epidural steroid injection and a non-certification was rendered for a Thermo Cool hot and cold contrast therapy with compression. On 1/29/14 progress, report identifies low back and left leg pain with numbness. Exam revealed decreased range of motion, left sciatic notch tenderness, and positive SLR on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: There is no indication for the use of a hot/cold compression unit for the lumbar spine. Mechanical circulating units with pumps have not been proven to be more

effective than passive hot and cold therapy. The medical necessity has not been established. Therefore, the request is not medically necessary.