

Case Number:	CM14-0026013		
Date Assigned:	06/13/2014	Date of Injury:	02/05/2010
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male with a reported date of injury on 02/05/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include tendinitis, pain in limb, anxiety, depressive disorder, pain disorder associated with both psychological factors and a general medical condition, sleep disorder due to pain, and lumbosacral radiculopathy. His previous treatments were noted to include surgery and medications. The injured worker had low back surgery performed on 01/10/2014. The surgery consisted of left hemilaminectomy, inferior/superior lamina of L4-5; left hemilaminectomy, inferior/superior lamina of L4-S1; epidural injection left L4-5; and epidural injection left L5-S1. The physical examination performed 11/20/2013 reported the injured worker ambulated with an antalgic gait using a 1 pointed cane for propellance. The provider noted a spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The provider noted decreased sensation with pain was on the L5-S1 left dermatomal distributions. The Request for Authorization form was not submitted within the medical records. The request is for a Q-Tech cold therapy recovery system with wrap for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP FOR 21 DAYS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/Heat packs.

Decision rationale: The injured worker received low back surgery 01/10/2014. The Official Disability Guidelines recommend cold packs in the first days of acute complaint, thereafter applications of heat packs or cold packs. The guidelines state continuous low level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy with only 3 poor quality studies located that support its use, but studies confirm that it may be a low risk, low cost option. The guidelines state 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. There is a lack of documentation regarding the medical need for the Q-Tech cold therapy system and the guidelines do not recommend cold therapy to the low back. Therefore, the request is not medically necessary.