

Case Number:	CM14-0029677		
Date Assigned:	04/09/2014	Date of Injury:	06/25/2009
Decision Date:	05/08/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 31-year-old male who reported injury on 6/25/09. The mechanism of injury was that the injured worker drove into a ditch. The treatment history included physical therapy, chiropractic care, and acupuncture. The documentation of 11/7/13 revealed a request for an epidural steroid injection and a hot/cold contrast system after the epidural steroid injection. The diagnoses included lumbar spine multiple disc bulges and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH TRIAL OF A MOTORIZED HOT/COLD THERAPY UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The ACOEM guidelines indicate that at home local applications of cold in the first few days of an acute complaint are appropriate; thereafter applications of heat or cold are per the patient's preference. The clinical documentation submitted for review indicated that the request was made for a hot and cold system as the therapy could not be achieved by electric

heating pads, hot packs, or cold packs. There was a lack of documentation indicating there is a necessity for a motorized compression unit post epidural steroid injection therapy. There was a lack of documentation providing exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.