

Case Number:	CM14-0040570		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2014
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Minnesota. 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 45 year old male who reported an injury on 01/10/2014 when he lifted a heavy item at work and continued to work after feeling a strain to his lower back. A physician diagnosed the injured worker with lumbago lumbar radiculitis/neuritis and unspecified anxiety. The physician assessed range of motion with flexion at 30 degrees, extension 20 degrees, right lateral 20 degrees and left lateral 20 degrees. The injured worker tested positive on the Kemps test, as well as the straight leg raise on the right. A Deyerle's test on the right also tested positive. There is no pain scale level of pain to the lower back; however, the injured worker described radiating pain with numbness and weakness to the lower back and down the back of thighs. An x-ray of the lumbar spine on 01/10/2014 noted no fracture. The injured worker was placed on conservative care which included an unreported number of physical therapy sessions and medications including Ibuprofen, Tramadol, and Flexeril. No updated reports indicating progress or decline was included in the available literature. The physician is wanting the injured worker to use an Aqua Relief system hot and cold unit purchased for the lumbar spine. The request for authorization and rationale for the request were not provided with the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief system hot and cold unit purchase 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-Flow Cryotherapy.

Decision rationale: The request for an Aqua Relief system hot and cold unit purchase for the lumbar spine is non-certified. The injured worker is receiving medications for pain and muscle spasms. However, there is no report indicating how the injured worker is tolerating medications and if the injured worker is ready to have his medications adjusted to an appropriate level. Progress in conservative care is not provided aside from an unspecified number of physical therapy visits and their outcome. CA MUTS chronic pain medical treatment guidelines do not specifically mention the Aqua Relief hot and cold system unit, but the use of ice and heat is a medically accepted form of pain-related muscle therapy. Further ODG guidelines for a motorized hot/cold therapy device at home is only addressed for post-surgical knee application and only for seven days. The request would exceed ODG limits and is not being used in a post-surgical setting. As such, the request is non-certified.