

Case Number:	CM14-0042739		
Date Assigned:	06/30/2014	Date of Injury:	05/21/2013
Decision Date:	09/12/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

This is a 66-year-old male with a 5/21/13 date of injury. He was seen on 2/4/14 with complaints of low back pain. Exam findings revealed no focal neurologic deficits in the lower extremities. There was moderate tenderness in the lumbosacral area right greater than left with decreased range of motion of the L spine. Straight leg raise was positive in supine and seated positions. The patient's diagnosis is small HNP at L4/5 and L5/S1 with a patent foramen. Treatment to date includes: physical therapy, medications, and TENS unit. A UR decision dated 3/20/14 denied the request as guidelines support passive hot and cold therapy but not high tech heating and cooling devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: hot/cold therapy unit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 808-809.

Decision rationale: MTUS supports passive heat and cold therapy to the low back in order to reduce inflammation and increase blood supply. However, MTUS does not support the use of heat/cold therapy units with mechanically circulating pumps. There is a lack of documentation

with regard to why the patient cannot use passive hot/cold therapy and why a hot/cold unit is necessary. There is no documentation to suggest the patient has tried passive hot cold therapy and failed, or is incapable of passive therapy. Therefore, the request for a hot/cold therapy unit for the lumbar spine is not medically necessary.