

Case Number:	CM14-0045029		
Date Assigned:	07/02/2014	Date of Injury:	10/05/2010
Decision Date:	12/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation 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 55-year-old male with a 10/5/10 date of injury. According to a progress report dated 4/24/14, the patient reported no improvement in his lumbar spine. He has noticed left hip pain that was constant, with tingling in the bilateral feet. Objective findings: slow gait without any cane, positive triggers of left lower spine. Diagnostic impression: spinal enthesopathy, thoracic/lumbar neuritis, displaced lumbar intervertebral disc. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/4/14 denied the request for cold therapy unit. The medical records do not provide a rationale to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 155.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold (http://www.aetna.com/cpb/medical/data/200_299/0297.html).

Decision rationale: CA MTUS and ODG do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC

Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. However, in the present case, there is no indication as to why this patient would not benefit from local applications of hot and cold packs as opposed to a cold cryotherapy unit. In addition, the duration of care for the cold unit requested was not specified. Therefore, the request for Cold Therapy Unit x 1 is not medically necessary.