

Case Number:	CM14-0045533		
Date Assigned:	06/27/2014	Date of Injury:	08/22/2013
Decision Date:	11/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 8/22/2013. Diagnoses include cervicalgia, upper back pain and lumbar pain. Treatments have included physical therapy and medications. There are plans for MRI evaluations. The resustes are for Heat/cold unit for purchase and Aqua relief system for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/cold unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Cryotherapy

Decision rationale: The ACOEM chapter on neck complaints does recommend ice or for treatment of knee pain. ACOEM is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. ODG section on neck and upper back states that continuous flow cryotherapy is indicated for short term (up to 7 days, including home use) use after surgery but is not indicated for non surgical treatment. The use of a Heat/cold unit

is not demonstrated to be clinically superior to use of simple hot or cold packs and is not medically indicated. The original UR decision is upheld.

Aqua relief system for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Continuous flow cryotherapy

Decision rationale: The ACOEM chapter on neck complaints does recommend ice or for treatment of knee pain. ACOEM is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. ODG section on neck and upper back states that continuous flow cryotherapy is indicated for short term (up to 7 days, including home use) use after surgery but is not indicated for non surgical treatment. The use of an Aqua Relief system is not demonstrated to be clinically superior to use of simple hot or cold packs and is not medically indicated. The original UR decision is upheld.