

Case Number:	CM14-0050485		
Date Assigned:	07/02/2014	Date of Injury:	08/21/2012
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 08/21/12 while working as a Staffing Assistant. He continues to be treated for a primary diagnosis of a lumbar sprain/strain. An MRI of the lumbar spine is referenced as showing a central L5-S1 disc protrusion. He has also had an MRI of the cervical spine showing disc protrusions at C4-5 and C5-6. Treatments have included chiropractic care up to 2-3 times per week. The requesting provider saw him on 02/18/14. He had a complaint of pain rated at 9/10. He reported improvement with treatments but a flare of symptoms and worsening after receiving less frequent treatments. He was having pain and muscle spasms throughout his spine with numbness of the hands and legs with cramping. He felt depressed and fatigued and was having difficulty sleeping. Physical examination findings included decreased range of motion with muscle spasms and tenderness throughout the entire spine. There were multiple other areas of muscle tenderness including the sciatic notches and posterior superior iliac spines. Recommendations included use of ice, heat, and TENS. There was consideration of further testing, further evaluation, and prescribing other treatments including massage and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 160-162.

Decision rationale: The claimant is now more than 1 years status post work-related injury as described above. He is being treated for chronic widespread spine pain with a primary diagnosis of a lumbar sprain/strain. Cold and heat are believed to have therapeutic benefits including modifying the disease processes by decreasing inflammation and swelling and through increased blood supply. Self-applications should be home-based. Guidelines recommend the use of low-tech cryotherapies for the management of acute low back pain and they may be tried for subacute or chronic pain. The routine use of cryotherapies in health care provider offices or home use of a high-tech device for the treatment is not recommended. Similarly, heat therapy, including a simple moist heat wrap, is recommended for treatment of acute, subacute, and chronic low back pain. In this case, simple, low-tech thermal modalities would meet the claimant's needs.