MAXIMUS Federal Services

Case Number:	CM14-0071947		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2013
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic wrist, low back, shoulder, leg, foot, and knee pain reportedly associated with an industrial injury of October 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medication; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; extracorporeal shockwave therapy; opioid therapy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a water circulating cold wrap with associated thermal-cooling system. A variety of MTUS and non-MTUS Guidelines were cited, including Chapter 8 ACOEM Guidelines, ODG's Neck Chapter, and Third Edition ACOEM Guidelines.The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, the applicant reported persistent complaints of low back and upper back pain with derivative psychological stress, anxiety, and depression. The applicant had recently completed acupuncture, it was stated. Chiropractic manipulative therapy, physical therapy, extracorporeal shockwave therapy, Tramadol, Flexeril, Naprosyn, Protonix, and topical compounds were endorsed. The applicant was given work restrictions which were resulting in her removal from the workplace, the attending provider acknowledged. On May 9, 2014, the applicant was placed off of work, on total temporary disability. Extracorporeal Shockwave Therapy, Flexeril, Naprosyn, Protonix, And Tramadol were sought. The thermal cooling systems/water circulating wrap at issue was apparently sought via a request for authorization form dated March 14, 2014. No clinical progress note was attached for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma cooling system for 8 weeks rental and water circulating wrap for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-5, page 174; Table 12-5, page 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat or cold are recommended as methods of symptom control for low back pain complaints, as are present here. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174, also suggests at-home local applications of heat and/or cold as methods of symptom control for neck and upper back complaints, as are also present here. By implication, then, there is no support in ACOEM for the elaborate cooling system and associated wrap being sought by the attending provider. No rationale for selection of this particular device was proffered by the attending provider so as to offset the unfavorable ACOEM position on the same. The progress note was not explicitly mentioned in several progress notes, referenced above. Therefore, the request is not medically necessary.