

Case Number:	CM14-0081710		
Date Assigned:	07/18/2014	Date of Injury:	08/10/2010
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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:

There was a July 29, 2014 letter from [REDACTED] regarding the application for independent review. There was an operative report from January 13, 2014 for selective nerve root block and epidural steroid injection at the left L4-L5 area. There was a visit from October 31, 2013. He has some back and left leg pains. The MRI from October 22, 2013 noted that the central canal had a decompression with prior surgery sometime prior. They would like to do a nerve block for diagnostic and therapeutic purposes. There was a September 19, 2013 note from [REDACTED]. She was doing well for some time and in the last several weeks for leg pain had gotten severe. She had some weakness of the left ankle. She needs an MRI scan with or without contrast. The provider was [REDACTED]. There was also a visit from [REDACTED] from June 7, 2012. She was able to heel-toe walk. Straight leg raise was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Therapy Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary Last Updated 3/31/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. Therefore, this request is not medically necessary.