

Case Number:	CM14-0097188		
Date Assigned:	07/28/2014	Date of Injury:	04/03/2014
Decision Date:	11/13/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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 has a history of a work injury occurring on 04/03/14 when, while working as a packer, boxes fell on her. She sustained injuries to her shoulder, ribs, right lower extremity, and low back. Treatments included physical therapy, medications, and a back brace. She was seen on 05/14/14. She had radiating left shoulder and low back pain rated 8/10. Physical examination findings included lumbar paraspinal, right gluteal muscle, and right sacroiliac joint tenderness. There was decreased lumbar spine range of motion with positive straight leg raising. There was abnormal left posterior thigh sensation. She had foot tenderness with decreased and painful range of motion. Authorization for additional testing and chiropractic and physical therapy treatments was requested as well as for a TENS/Multi-stim unit/interferential unit Hot/Cold/thermal combination unit. Tramadol 50 mg #90, cyclobenzaprine 7.5 mg #30, pantoprazole 20 mg #30, and topical medication was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARS Hot/Cold Unit Purchase and Wrap, for lumbar spine, left shoulder and left foot:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy , Low back, cold/heat packs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/Heat packs.

Decision rationale: The claimant is more than six months status post work-related injury and continues to be treated for pain. Cold/heat packs are recommended as an option for acute pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, but it may be a low risk low cost option. In this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested ARS (Aqua Relief System) hot/cold therapy pump with wrap is a combination unit and not needed for this claimant's treatment. Therefore, the requested ARS Hot/Cold Unit Purchase and Wrap, for lumbar spine, left shoulder and left foot are not medically necessary and appropriate.