

Case Number:	CM14-0097503		
Date Assigned:	07/23/2014	Date of Injury:	03/23/2000
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 Management 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:

This is a patient with a date of injury of March 23, 2000. A utilization review determination dated May 27, 2014 recommends noncertification for a hot/cold unit. A progress report dated April 17, 2014 identifies subjective complaints of neck pain radiating down both upper extremities and low back pain radiating down both lower extremities. The pain is rated as 7/10 with medication. Physical examination reveals tenderness to palpation in the spinal vertebral areas in the lumbar spine. Diagnoses include cervical radiculopathy, lumbar radiculopathy, osteoarthritis, and anxiety. The treatment plan recommends Percocet, lidocaine ointment, Colace, and discontinuation of Cymbalta. A progress report dated March 20, 2014 recommends a home swim spa. A progress report dated January 3, 2014 indicates that the patient is in need of a Q-tech cold unit for her neck, back, and knee condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Cryotherapy, Cold/Heat Packs Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a hot/cold therapy unit, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat pad. Finally, there is no documentation of a rationale indicating why a hot/cold therapy unit would be needed rather than the at home application of simple low tech hot/cold packs. In the absence of clarity regarding those issues, the currently requested hot/cold therapy unit is not medically necessary.