Case Number:	CM14-0099311		
Date Assigned:	09/16/2014	**Date of Injury:**	07/03/2013
Decision Date:	10/24/2014	**UR Denial Date:**	06/20/2014
Priority:	Standard	**Application Received:**	06/27/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 39 year old patient who sustained an injury on July 3 2013. He developed a lumbar herniated disc with radiculopathy and had lower back pain. He had 12 physical therapy sessions ordered but completed 2 sessions. He had xrays which showed minimal discogenic spondylosis. Lumbar magnetic resonance imaging (MRI) on Dec 9 2013 showed grade 1 retrolisthesis of L5 over S1 and disc protrusions at L4-5 and L5-S1. On Dec 6 2013, the patient was prescribed a four month rental of a hot and cold water circulating therapy unit for lumbosacral radiculitis on DWC Form RFA. On a follow up note on Jan 6 2014, it was noted that the patient had complaints of right elbow pain and radicular low back pain but did not mention the aqua therapy device unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Month rental of Hot and Cold Water Circulating Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) <cryotherapy, cold/heat packs

Decision rationale: Per ODG, hot/cold packs are recommended as an option for acute pain. At-home local applications of cold packs in the first few day sof acute complain; thereafter, applications of heat or cold packs.(bigos 1999, Airaksinem 2003, Bleakley 2004). Continuous low level heat wrap therapy is superior to both acetominophen and ibuprofen for treating low back pain.(Nadler 2003). The evidence for the application of cold treatment to low back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost optins.(french-cochrane 2006). There is minimal evidence supporting the use of cold therapy but heat therapy has been found to be helpful for pain reduction and return to normal function(Kinkade 2007). See also heat therapy; biofreeze cryotherapy gel. Heat therapy is recommended as an option. A number of studies show continuous low level heat wrap to be effective for treating low back pain(Nadler-spine 2002, Lurie Luke 2003, Berliner 2004, Lloyd 2004). One study compared the effectives of te Johnson and Johnson back plaster, the ABC Warme-Pfaster, and the Procter and Gamble thermacare heatwrap, and concluded that the thermacare heatwrap is more effective than the other two(Trowbridge 2004). Active warming reduces acute low back pain during rescue transport(Nuhr Spine 2004). Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control(Mayer Spine 2005). There is moderate evidence that heat wrap therapy provides a small short term reduction in pain and disability in acute and sub-acute low back pain and that the addition of exercise further reduces pain and improves function(French Cochrane 2006). Heat therapy has been found to be helpful for pain reduction and return to normal function(Kinkade 2007). Per the guidelines cited, the patient would not be recommended to have cold therapy , which is part of the therapy model prescribed to the patient. It would not be medically indicated.