

Case Number:	CM13-0042977		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2004
Decision Date:	10/13/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 62-year-old male, who sustained an industrial-work injury on 11-30-04. He reported initial complaints of a low back injury. The injured worker was diagnosed as having status post lumbar fusion in 1995, right lower extremity radiculopathy, status post lumbar interbody fusion October 2006, spinal cord stimulator placement in the lower extremities 7-17-08 and removal of spinal cord stimulator 2-8-10. Medical records dated 3-15-13 to 9-4-13 indicate ongoing back pain and radicular symptoms to the lower extremities, which have gotten significantly worse. The injured worker is having difficulty with ambulating, weight bearing and sleeping. It is noted that the injured worker responds well to lumbar epidural steroid injections for about 3 to 6 months with 60 percent pain relief and the ability to increase his activities of daily living and cut back on his medications 20 -30 percent. Treatment to date has included pain medication, lumbar epidural steroid injection 2-7-13 and 9-19-13, diagnostics, surgery, and other modalities. The physician progress note dated 9-4-13, the physician writes that there was a Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12-8-11 that reveals lumbar retrolisthesis, facet arthropathy and bilateral neuroforaminal narrowing and possible post-operative seroma. Per the primary physician's progress report (PR-2) dated 3-15-13 to 9-4-13, the physical exam reveals that he uses a single point cane to ambulate slowly with antalgic gait favoring the left lower extremity. The lumbar exam reveals tenderness to palpation, increased muscle rigidity, numerous trigger points palpable and tender throughout the lumbar spine, and there was noted muscle guarding with range of motion testing and decreased lumbar range of motion was noted. The straight leg raise in modified sitting position was positive at 65 degrees.

The requested treatment includes One Therma Cooling System (Hot/Cold Compression therapy) with water circulating wrap, to be used for 30 minutes, 3 times daily for 8 weeks for the lumbar spine. The Utilization review on 10-14-13 denied a request for One Therma Cooling System (Hot-Cold Compression therapy) with water circulating wrap, to be used for 30 minutes, 3 times daily for 8 weeks for the lumbar spine as medical necessity is not established for the durable medical equipment as the same efficacy can be achieved with an ice pack and a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Therma Cooling System (Hot/Cold Compression therapy) with water circulating wrap, to be used for 30 minutes, 3x daily for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Cold/heat packs ODG, Knee and Leg chapter, Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for One Therma Cooling System (Hot/Cold Compression therapy) with water circulating wrap, to be used for 30 minutes, 3 times daily for 8 weeks for Lumbar spine injury. The treating physician states in the report dated 9/4/13, "I am requesting authorization for a Cold/Heat pack to treat this patient's musculature skeletal pain. The patient gets acute exacerbations of musculature pain, which responds well to cold and or heat, but usually the patient likes to alternate the two." (28A) The ODG Guidelines state, "Recommended as an option after surgery, but not for nonsurgical treatment." The ODG guidelines do recommend alternating ice packs and heat packs for the treatment of lower back pain but there is no guideline support for a circulating hot/cold compression system. The current request is not medically necessary.