

Case Number:	CM14-0125617		
Date Assigned:	08/11/2014	Date of Injury:	05/31/2013
Decision Date:	01/28/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Arizona. 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 injured worker is a 46year old man with a work related injury dated 5/31/13 resulting in chronic low back pain. The patient was evaluated by the primary treating physician on 5/23/14. The patient continued to complain of low back pain with radiation into the lower extremities. The physical exam showed decreased range of motion with positive straight leg raise. The diagnosis includes lumbago, lumbar radiculitis. Previous treatment has included oral analgesic medications, physical therapy and epidural steroid injections (ESI). Under consideration is the medical necessity of the Cold and Hot Therapy Unit which was denied during utilization review dated 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold therapy Unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the ACOEM with regards to the treatment of low back pain, at-home local applications of cold in the first few days of acute complaint; thereafter, applications of heat or cold is recommended. In this case the patient has continued low back pain and therefore the use of a hot and cold therapy unit is medically necessary as per the ACOEM recommendations for hot or cold therapy.