

Case Number:	CM14-0181442		
Date Assigned:	11/06/2014	Date of Injury:	09/18/2012
Decision Date:	08/10/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male, who sustained an industrial injury on 9/18/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc herniation with right lower extremity radicular pain, bilateral hand pain, right rotator cuff syndrome, rule out tear. Treatments to date include activity modification, medication, home exercises and TENS unit. Currently, he complained of pain in the right shoulder and low back with radiation to right lower extremity. On 10/6/14, the physical examination documented right shoulder tenderness with decreased strength and a positive Hawkin's test. The MRI of the right shoulder was documented to have revealed possible rotator cuff tear, however, was inconclusive. The plan of care included arthrogram of the right shoulder. The appeal request was to authorize a Q Tech cold therapy system with full leg wrap for purchase, and universal therapy wrap for symptoms related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Q Tech cold therapy system with full leg wrap (purchase) and universal therapy wrap for symptoms related to the lumbar spine (Unspecified if dispensed or non-dispensed, duration of usage): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen 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 option. (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." There is no evidence to support the efficacy of cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of cold therapy in chronic shoulder and back pain. Therefore, the request for One (1) Q Tech cold therapy system with full leg wrap (purchase) and universal therapy wrap for symptoms related to the lumbar spine (Unspecified if dispensed or non-dispensed, duration of usage) is not medically necessary.