

Case Number:	CM14-0184299		
Date Assigned:	11/10/2014	Date of Injury:	09/25/2012
Decision Date:	01/26/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/04/2014

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 Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 34-year-old male with a date of injury of 09/25/2012. According to treatment report dated 07/21/2014, the patient presents with constant low back pain that is rated 9/10. The patient is requesting "more of the same meds because it runs out for him fast." Examination finding noted "decreased ROM L-spine." The listed diagnoses are lumbar radiculopathy and lumbar discogenic pain. Recommendation was for refill of medication, urine toxicology, and LESI. According to report 06/12/2014, the patient continues with pain and discomfort in the lower back. The pain radiates to the bilateral lower extremities. Examination revealed tenderness and spasm. Treatment plan was for chiropractic therapy, urine tox screening, refill of medications, and follow-up in 4 weeks. This is a request for purchase of the water circulating heat pad with pump. The medical reports do not provide any discussion regarding this request. The utilization review denied the request on 10/11/2014. Treatment reports from 10/07/2013 through 07/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of water circulating heat pad with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar and thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, continuous-flow cryotherapy

Decision rationale: This patient presents with chronic low back pain. The current request is for purchase of a water circulating heat pad with pump. The MTUS and ACOEM Guidelines do not discuss water therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy, "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated". Regarding the purchase of water circulating heat pad with pump, most of these units allow the use of cold or hot water and therefore the ODG guidelines are used for continuous-flow cryotherapy. There is no documentation provided to indicate the exact type or model of pump that was prescribed. The ODG Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. There is no indication that the patient has undergone surgery or is pending surgery. In this case, ODG guidelines does not support this type of device other than for post-operative recovery, and there is no indication that the patient has been authorized for surgery. This request is not medically necessary.