

Case Number:	CM14-0185670		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	04/21/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 03/26/2003 and on 03/01/2007 as well as cumulative type of injuries during the period from 05/17/2006 to 05/17/2007. The initial injury is documented as low back. Treatment to date includes diagnostics, physical therapy, lumbar surgery and medications. He presents on 09/09/2014 with complaints of burning, radicular neck pain and muscle spasms. He also complains of a sharp pain in his abdomen. He was status post lumbar spine surgery with residual pain. Physical exam noted a well healed mid line surgical scar consistent with the prior surgery. There was tenderness with spasms at the lumbar paraspinal muscles and over the lumbosacral junction. Cervical spine showed tenderness to palpation at the sub occipital region as well as over both scalene and trapezius muscles. Diagnosis included rule out cervical spine radiculopathy, rule out umbilical hernia, low back pain, status post lumbar spine surgery and rule out radiculitis of lower extremity. The plan of treatment included physical therapy, referral to specialist, diagnostics, medications and hot/cold unit. The issue for review is a hot/cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 section, Hot / cold unit.

Decision rationale: Pursuant to the Official Disability Guidelines, hot/cold therapy is not medically necessary. Cold/heat packs are recommended as an option for acute pain, At home local applications of cold packs in the first few days of acute complaint; thereafter, application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. 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 activities. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; rule out herniated disc; rule out cervical spine radiculopathy; rule out umbilical hernia; low back pain; staff post lumbar spine surgery; lumbar spine sprain/strain; rule out radiculitis; hypertension; and anxiety, mood disorder, sleep disorder. The recommendations pursuant to a September 9, 2014 progress note shows the requesting physician is ordering a hot/cold unit. There is no clinical indication or clinical rationale for the hot/cold DME unit. Additionally, there are more simple yet effective means available to provide either hot or cold therapy other than the purchase of DME. Additionally, hot/cold therapy is not clinically indicated in chronic conditions. Also, the request is unclear as to whether this is a rental or purchase for DME. Consequently, absent clinical documentation with a clinical indication and rationale for the hot/cold the DME unit, hot/cold therapy is not medically necessary.