

Case Number:	CM14-0193606		
Date Assigned:	12/01/2014	Date of Injury:	01/23/2014
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Pain Management and 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 42-year-old male with injury date of 01/23/14. Based on the 11/07/14 peer review report, the patient complains of lower back pain rated 7-8/10 radiating into the left lower extremity. Physical examination revealed positive straight leg raise per 10/06/14 progress report. Treater requests Vital Wrap system "to help reduce muscle spasms," per 10/07/14 Peer Review report. Progress report was handwritten and difficult to read. Diagnosis on 10/06/14 included:- Lumbar spine sprain/strain; rule out discopathy -Left sciatica The request is for Vital Wrap For Low Back. The utilization review determination being challenged is dated 11/07/14. The rationale is "recommend modification of the request to certify a standard moist heating pad" Treatment report was provided from 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vital Wrap for Low Back: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Cold/heat packs

Decision rationale: Patient presents with lower back pain rated 7-8/10 radiating into the left lower extremity... The request is for Vital Wrap For Low Back. Vital Wrap appears to be a cold/heat compression pain management system. Diagnosis dated 10/06/14 included lumbar spine sprain/strain and left sciatica. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Cold/heat packs: 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." The continuous flow cold therapy units are recommended for post-operative use per ODG under shoulder and knee chapters. It is not supported for chronic pain in general. Treater requests Vital Wrap system "to help reduce muscle spasms," per 10/07/14 Peer Review report. However, ODG guidelines do not support the use of "heat/cold" for chronic pain. It is recommended for acute pain. Heat therapy is possibly recommended for chronic low back pain but the guidelines are not specific. Vital Wrap is a continuous flow, compression heat/cold therapy unit that does not appear to be supported in the guidelines. The request for Vital Wrap is not medically necessary.