

<b>Case Number:</b>	CM14-0194943		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury on 6/30/14 when he strained his low back lifting at work. He reported a past history of low back pain since 1993 with multiple herniated discs and chronic lower extremity numbness and tingling from Guillain-Barre syndrome. He continues to have low back pain radiating to the right leg as well as bilateral shoulder pain, left elbow pain, and bilateral knee pain. Treatment has included physical therapy, TENs unit, Norco and topical medications. The initial primary treating physician noted a diagnosis of lumbar strain and radiculopathy. Additional diagnoses include left elbow epicondylitis, bilateral shoulder impingement syndrome and bilateral knee pain. His current treating physician has requested retrospective approval for purchase of Aqua Relief Systems, originally requested on 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective purchase of Aqua Relief Systems date of service 9/11/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48; 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Cold/Heat packs

**Decision rationale:** Aqua Relief Systems are utilized for cold/heat therapy. The MTUS notes that during the acute to sub-acute phases, for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. The MTS also states that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. At-home local applications of heat or cold are as effective as those performed by therapists and are optional but not a recommended treatment. The ODG guidelines note that Cold/Heat packs are recommended as an option for acute pain and at-home local applications of cold packs in first few days of acute complaint then applications of heat packs or cold packs. 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. 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. (In this case the treatment notes indicate that the injured worker has multiple pain complaints with an initial diagnosis of lumbar radiculopathy. The injury occurred 2 months before the request for purchase of Aqua Relief System. There is minimal evidence to support cold therapy for the low back. It is not clear whether the Aqua Relief System is intended for use on other body parts or if intended primarily for heat or cold therapy. There is no indication why a medical device is required verses simple methods of heat/cold therapy at home. The request for retrospective purchase of Aqua Relief System is not supported by the MTUS and ODG guidelines and is not medically necessary.