

Case Number:	CM14-0217578		
Date Assigned:	01/07/2015	Date of Injury:	09/26/2013
Decision Date:	05/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of September 26, 2013. In a Utilization Review report dated December 10, 2014, the claims administrator failed to approve requests for a continuous cooling device for the lumbar spine and Ativan. The claims administrator referenced a progress note of November 19, 2014 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 16, 2014, the applicant reported multifocal complaints of low back and knee pain. The applicant was using Voltaren, Norco, Ambien, and Naprosyn, it was acknowledged. It was suggested that the applicant was working as of this point in time. In a work status report dated December 15, 2014, the applicant was apparently returned to regular duty work. In a progress note dated November 24, 2014, the applicant reported ongoing complaints of low back and knee pain. Permanent work restrictions were apparently endorsed. It was suggested that the applicant was working with said limitation in place. The applicant was asked to employ Norco, Ativan, and a continuous cooling device. It was stated that Ativan was being employed for ongoing issues with insomnia. The applicant was also using Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of continuous cold therapy home unit, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Allied Health Professionals Allied Health Therapies Recommendation: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices for Any Chronic Pain Condition Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a continuous cold therapy device for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, by implication, ACOEM does not support more elaborate devices for delivering heat therapy and/or cryotherapy, as was proposed here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against usage of elaborate cryotherapy devices, explicitly noting that such high-tech devices are deemed not recommended. Here, the attending provider failed to furnish a clear or compelling applicant-specific rationale, which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request was not medically necessary.

Ativan 2 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Ativan, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be employed for brief periods, in cases of overwhelming symptoms, in this case, however, the attending provider and/or applicant were seemingly intent on employing Ativan for chronic, long-term, and/or daily-use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.