

Case Number:	CM14-0076165		
Date Assigned:	07/16/2014	Date of Injury:	12/26/2013
Decision Date:	02/13/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 Rehab, 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 40-year-old female with a date of injury of 12/26/2013. According to progress report dated 03/14/2014, the patient presents with constant aching low back pain and worsening of upper back pain. Patient also complains of insomnia and anxiety secondary to pain. Examination of the cervical spine revealed tenderness to palpation with spasm of the upper trapezius muscles and suboccipitals bilaterally. Patient has limited range of motion secondary to pain. Examination of the thoracic spine revealed tenderness to palpation with spasm and inflammation of the right quadratus lumborum muscles, tenderness to palpation of the bilateral paraspinals, and tenderness to palpation of the bilateral sacroiliacs. There is limited range of motion secondary to pain. Patellar (L4) is 1+ bilaterally and Achilles (S1) is 2+ bilaterally. The listed diagnoses are: 1. Cervical spine sprain/strain with myospasm. 2. Lumbar spine sprain/strain with radiculopathy and myospasm. 3. Gastritis. 4. Chronic pain. 5. Insomnia. 6. Anxiety. The patient is to return to work with modified duty, and if modified duty is not available, then the patient will be placed on total temporary disability. Treatment plan was for physical therapy, MRI of the cervical spine, psychological consultation, lumbar spine support, TENS unit, and a hot and cold pack/wrap or thermal combo unit. The utilization review denied the request on 05/09/2014. Treatment reports from 01/10/2014 through 05/09/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 weeks rental of Therma cooling system, including purchase of circulating wrap (lumbar and cervical spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, continuous-flow cryotherapy

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 Chapter, Cold/heat packs; Neck and Upper Back chapter, Continuous-flow cryotherapy

Decision rationale: This patient presents with chronic upper and lower back pain. The current request is for 8 weeks rental of Therma cooling system, including purchase of circulating wrap (lumbar and cervical spine). The ODG Guidelines under the low back chapter under cryotherapy discusses cold/heat packs and states, "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." The ODG Guidelines under the neck and upper back chapter has the following regarding continuous-flow cryotherapy, "not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the patient suffers from chronic neck and low back pain and ODG supports cryotherapy for the lumbar spine in the first few days of "acute" pain and it is not recommended for application on the neck. The request is not medically necessary.