

Case Number:	CM14-0080934		
Date Assigned:	07/18/2014	Date of Injury:	05/27/2013
Decision Date:	01/28/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 66-year-old diabetic man who sustained a work-related injury on May 27, 2013. Subsequently, the patient developed chronic low back pain. The patient had a medical history of lymphoma and prostate problems and underwent inpatient radiation and chemotherapy treatments in December 2013. The patient also underwent right L4-5, L5-S1 transforaminal epidural steroid injection on January 9, 2014. According to the orthopedic re-evaluation dated April 23, 2014 the patient had a foot drop that was complicated by the development of cancer and being treated for the cancer. The patient had undergone medications and physical therapy and corticosteroids without relief. His oncologist had cleared him for surgery. The patient has been authorized to undergo lumbar surgery. On examination, tenderness was present at the lumbar spine. Straight leg raise was positive on the right. Muscle strength in right ankle dorsiflexors and great toe extensors were 2/5. Sensation was decreased in the lateral aspect of the right calf and dorsum of the foot. The provider requested authorization for Cold therapy unit with sterile pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with sterile pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar & Thoracic chapter, Cold/heat packs, Heat therapy ODG, Neck & upper back chapter, 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) Cold/heat packs. http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT.

Decision rationale: According to ODG guidelines, cold therapy is "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. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. "There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of hot/cold therapy in back post op pain beyond 7 days after surgery. There is no documentation that the patient needs cold therapy. Therefore, the request for Cold therapy unit with sterile pad is not medically necessary.