

Case Number:	CM15-0001915		
Date Assigned:	01/12/2015	Date of Injury:	01/17/2014
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 is a 40 year old, who sustained an industrial injury on 1/17/14. The injured worker has reported low back pain, sharp dull aching, radiating to upper and lower back, constant and comes and goes. The diagnoses have included cervical disc protrusion; cervical muscle spasm; cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain; anxiety and depression. The injured worker has undergone conservative care to the mid-back region including but not limited to medications, physical and manipulating therapy, injections and acupuncture. The documentation noted that acupuncture helped temporarily. The PR2 note for 7/15/14 was handwritten and hard to decipher. According to the utilization review performed on 12/8/14, the requested 6 weeks rental cold therapy unit, cervical, thoracic and lumbar spine has been non-certified. The documentation noted that at home applications of heat and/or cryotherapy are as effective as use of this device, the ACOEM 2004 Guidelines and the ODG Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weeks rental cold therapy unit, cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation cryotherapy

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. There is no documentation on why at home cold and hot packs would not suffice for the treatment of this patient. The patient is not acutely post surgery and there is also no indication for DVT prophylaxis. Therefore the request is not certified.