

Case Number:	CM15-0009436		
Date Assigned:	01/27/2015	Date of Injury:	09/18/2001
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 56 year old female, who sustained an industrial injury on September 18, 2001. The diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease, lumbar myofascial pain syndrome, failed back surgery syndrome, and lumbar sprain/strain. Treatment to date has included L3-L4 laminectomy and fusion in 2003, spinal cord stimulator implantation 2006, morphine pump placement in 2008, home exercise program, and medications. Currently, the injured worker complains of back pain. The PR-2 Treating Physician's report dated November 6, 2014, noted the injured worker's pain improved by 80% with medications, in for a pump refill. On December 23, 2014, Utilization Review non-certified hot and cold therapy (Aqua Relief), noting that active and passive cooling or heating devices used in home settings are considered not medically necessary, citing the Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), and Neck & Upper Back, and the BlueCross BlueShield Durable medical Equipment Section. On January 15, 2015, the injured worker submitted an application for IMR for review of hot and cold therapy (Aqua Relief).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold therapy (Aqua Relief): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter Cold/heat packs; Heat therapy and Neck and 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
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)>

Decision rationale: 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 who was suffering from a chronic back, neck and shoulder pain. There is no controlled studies supporting the use of hot/cold therapy in chronic pain including chronic back pain. Hot-cold therapy is recommended for seven days after shoulder surgery and no or limited evidence to support it use for neck and back pain. Therefore, the request for Hot and cold therapy (Aqua Relief) is not medically necessary.