

Case Number:	CM15-0106514		
Date Assigned:	06/10/2015	Date of Injury:	07/15/2003
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 injured worker is a 46 year old male, who sustained an industrial injury on 7/15/03. The injured worker has complaints of back pain radiating down left leg. The documentation noted that palpation of the lumbar spine reveals a trigger point area as well as some swelling in the mid back region and he has significant trigger point on the left side of the paraspinal muscles. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) reveals L3-4 and L4-5 disc abnormalities, at L4-5 there is a central disc protrusion which contacts but does not compress the nerve roots and there is some bilateral foraminal stenosis at L4-5; tramadol and neurontin. The request was for reusable ice pak as related to the lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reusable Ice Pak as related to the lumbar spine injury: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Cold/Heat Packs Section.

Decision rationale: MTUS guidelines support the use of at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG supports the use of cold-packs 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 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. The request for reusable Ice Pak as related to the lumbar spine injury is medically necessary.