MAXIMUS Federal Services

Case Number:	CM15-0109200		
Date Assigned:	06/15/2015	Date of Injury:	04/08/2011
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain with derivative complaints of sleep disturbance, anxiety, and depression reportedly associated with an industrial injury of April 8, 2011. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for hot and cold unit for the lumbar spine. The claims administrator referenced an April 6, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain with derivative complaints of insomnia. Xanax, Prilosec, Flexeril, Ultracet, and Naprosyn were endorsed, along with an unspecified topical compounded medication. On May 8, 2015, multiple topical compounded agents were dispensed. Ongoing complaints of low back pain, sleep disturbance, anxiety, and depression were again reported. Physical therapy, acupuncture, and manipulative therapy were endorsed while the applicant was kept off of work, on total temporary disability. In an April 6, 2015 office visit, the attending provider sought authorization for a hot and cold device for ongoing complaints of low back pain. Various topical compounds were again prescribed and dispensed in the clinic setting. Manipulative therapy and physical therapy were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold unit for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015: low back: Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Low Back Disorders, pg 560 2. Recommendation: Routine Use of Cryotherapies for Treatment of Low Back Pain Routine use of cryotherapies in health care provider offices or home use of a high-tech device is not recommended for treatment of low back pain. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable. Strength of Evidence: Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a hot and cold unit for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for alleviating low back pain complaints, as were/are present here, ACOEM does not, by implication, support high-tech devices for delivering heat therapy and/or cryotherapy, as was proposed here. The Third Edition ACOEM Guidelines Low Back Chapter takes a stronger position against usage of such high-tech devices for delivering cryotherapy, explicitly noting that such devices are “not recommended” in the low back pain context present here. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position(s) on the article at issue. Therefore, the request was not medically necessary.