

Case Number:	CM15-0139193		
Date Assigned:	07/29/2015	Date of Injury:	01/27/2013
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male, who sustained an industrial injury on 01/27/2013. He has reported injury to the thoracic spine. The diagnoses have included chronic thoracic pain; and failed right T9-T10 transforaminal epidural steroid injection in September of 2014. Treatment to date has included medications, diagnostics, ice, epidural steroid injection, physical therapy, and home exercise program. Medications have included Motrin, Ultracet, Zanaflex, and Flexeril. A progress note from the treating physician, dated 06/17/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing thoracic and low back pain; he continues to do well with physical therapy; he does continue to have some flares on occasion; he has had two flares in the past three months, one of which sent him to the emergency room for a pain shot; icing seems to help; he is not taking any oral medications; and if the pain gets really bad, he will take anti-inflammatory muscle relaxer, but every once in a while, that is not sufficient. Objective findings included ongoing tenderness to thoracic paraspinal muscles extending to the lumbar paraspinal muscles. The treatment plan has included the request for cold therapy unit, velcro brace to include re-usable ice packs (thoracic spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, velcro brace to include re-usable ice packs (thoracic spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Durable Medical Equipment.

Decision rationale: Cold Therapy unit, velcro brace to include re-usable ice packs (thoracic spine) is not medically necessary. The Official Disability Guidelines supports the statement that applications of heat and cold are recommended as method of symptom control for acute pain complaints. Additionally, at home applications of cold during first few days of acute complaint is recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists then use cold. Additionally, the ODG, supports simple low-tech applications of heat and cold as opposed to the motorized cold therapy device being proposed. The patient's condition is chronic. The ODG supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.