

Case Number:	CM15-0143295		
Date Assigned:	08/04/2015	Date of Injury:	06/04/1998
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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, 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 56 year old female with an industrial injury dated 06-04-1998. The injured worker's diagnoses include headache, cervical spondylosis with myelopathy, cervical degenerative disc disease, cervicgia, myofascial pain syndrome, and cervical sprain. Treatment consisted of diagnostic studies, prescribed medications, cervical facet joint nerve radiofrequency denervation and periodic follow up visits. In a progress note dated 06-18-2015, the injured worker reported neck pain with associated numbness, tingling, and weakness in bilateral arms. The injured worker rated pain a 9 out of 10. Objective findings revealed moderate tenderness over the right greater than left paraspinal cervical spine, moderately tender cervical extension range of motion, and one plus sensory deficit over the distal upper limbs with respect to light touch. The treating physician requested purchase for cold therapy unit with cold pack for the neck, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with cold pack for the neck, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (continuous cold therapy).

Decision rationale: CA MTUS states that no high-grade scientific evidence exists to support the effectiveness of cold therapy in chronic pain. Cold therapy is approved for up to 7 days use post-operatively. In this case, the patient is not post-op. There is no indication that the claimant requires a specialized cold therapy for home use. Cold therapy units offer no benefit over simple ice packs, which are adequate to provide home therapy. Therefore, this request is deemed not medically necessary or appropriate.