

Case Number:	CM15-0180947		
Date Assigned:	09/22/2015	Date of Injury:	04/18/2013
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 26 year old male, who sustained an industrial injury on 4-18-13. He reported low back pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar myofascitis, and lumbar myospasms. Treatment to date has included acupuncture, shockwave therapy, and medication. Physical examination findings on 3-20-15 included painful lumbar spine range of motion with spasm in the lumbar paravertebral muscles. Kemp's sign was negative. Currently, the injured worker complains of low back pain. The treating physician requested authorization for the retrospective purchase of a water circulating heat-cold pad with pump for the date of service 4-20-15. On 8-19-15, the request was non-certified; the utilization review physician noted, "it is unclear why a motorized hot and cold therapy unit was necessary to treat this patient's low back pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Purchase of water circulating heat/cold pad with pump (DOS: 4/20/15):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat therapy or Cold/heat packs and Knee & Leg chapter, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Cold/Heat packs.

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for low back pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute back pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. However, there is insufficient evidence with continuous cold therapy to suggest it is significantly more helpful than more simple application of cold for acute care, and no evidence to suggest it is helpful for chronic pain. Continuous cold therapy is only recommended for post-knee or post-shoulder surgery and only for a short period of time. In this case, the worker does not qualify for a heat/cold pump based on the evidence found in the notes available for review, and since it was to be used for low back pain and for purchase, this request is not medically necessary.