MAXIMUS Federal Services

Case Number:	CM15-0192868		
Date Assigned:	10/06/2015	Date of Injury:	11/19/2014
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 19, 2014. In a utilization review report dated September 11, 2015, the claims administrator failed to approve a request for a cold therapy unit purchase. An August 21, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant received in-office electrical stimulation and application of heat and cold packs in conjunction with therapeutic exercise modalities. The applicant's work and functional status were not detailed. On August 21, 2015, the applicant reported ongoing complaints of low back pain radiating to the leg. An epidural steroid injection was endorsed. The applicant was asked to employ a motorized cold therapy unit on a purchase basis. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit for purchase x1: 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 (updated 7/17/15) Cryotherapy See Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 968.

Decision rationale: No, the request for a motorized cold therapy unit for purchase purposes is 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 applicants with low back pain complaints, as were present here on around the date in question, by implication/analogy, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does not support more elaborate, high-tech devices for administering cryotherapy such as the motorized cold therapy unit in question. The Third Edition ACOEM Guidelines, Chronic Pain Chapter takes a more explicit position against usage of such devices, stating that high-tech devices for delivering cryotherapy are deemed "not recommended." The attending provider failed to furnish a clear or compelling rationale for selection of this particular item in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request is not medically necessary.