

Case Number:	CM15-0194454		
Date Assigned:	10/08/2015	Date of Injury:	07/28/2010
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 7-28-2010. The medical records indicate that the injured worker is undergoing treatment for low back pain, degeneration of lumbar intervertebral disc, lumbar disc displacement, lumbar radiculopathy, post-lumbar laminectomy syndrome, cervical disc displacement, cervical radiculitis, and degeneration of cervical and thoracic intervertebral disc. According to the progress report dated 7-28-2015, the injured worker presented with complaints of low back and neck symptoms. The physical examination of the cervical or lumbar spine did not reveal any significant findings. The current medications are Fentanyl Robaxin, Neurontin, Fioricet, Lidoderm patch, Ambien, Lithium, Seroquel, and Cymbalta, baby Aspirin, Tylenol, Miralax, and Prilosec. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, epidural steroid injections, and surgical intervention. Work status is described as not working. The treatment plan included aqua release system for the back and neck, as an alternative to epidural steroid injections or additional medications. The original utilization review (9-2-2015) had non-certified a request for aqua release system and facial mask.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Release System and Facial Mask: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic, updated 06/25/15) Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Continuous-flow Cryotherapy and Other Medical Treatment Guidelines medi-stim.com/hotcold/ars.html.

Decision rationale: The current request is for aqua release system and facial mask. Treatments to date include ice/heat application, medication management, physical therapy, epidural steroid injections, and surgical intervention (lumbar fusion 2011). The patient is not working. According to medi-stim.com/hotcold/ars.html, the Aqua Relief System is a hot and cold water therapy unit which delivers pain relief to achy feet and other body parts due to arthritic pain, carpal tunnel syndrome, back pain, and other pain conditions. MTUS and ACOEM guidelines do not discuss cold/hot therapy units. ODG Guidelines Pain Chapter under Continuous-flow Cryotherapy states: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Per report 07/28/15, the patient presents with chronic neck and lower back pain. Examination revealed tenderness in the neck and lower back. Straight leg raise is positive. The treatment plan included aqua release system for the back and neck, as an alternative to epidural steroid injections or additional medications. The UR dated 09/02/15 states that the request is for an "ARS Aqua Relief System, which is a hot/cold therapy unit." In regard to the Aqua therapy system, ODG specifies a 7 day rental for post-operative use only. However, the patient has no surgical interventions planned, and his last surgery was in 2011. Therefore, the request IS NOT medically necessary.