

<b>Case Number:</b>	CM15-0215384		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: 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 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 2014. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve a request for an Aqua Relief System purchase for the lumbar spine. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On Doctor's First Report (DFR) dated September 17, 2015, the applicant reported ongoing issues with chronic low back pain. A TENS unit and the hot and cold compression unit at issue were seemingly endorsed while the applicant's was apparently returned to work. A multi-stimulator device, manipulative therapy, acupuncture, and lumbar MRI imaging were likewise endorsed, seemingly without much in the way of supporting rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua relief system purchase lumbar spine:** Upheld

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

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

**Decision rationale:** No, the request for an Aqua Relief System for the lumbar spine was 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 complaints, as were seemingly present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does not support more elaborate devices such as the article in question for the purposes of delivering cryotherapy, as was seemingly proposed here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a more explicit position against usage of such devices, noting that such devices are deemed not recommended. Here, thus, the attending provider failed to furnish a clear or compelling rationale for provision of the article in question in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.