

Case Number:	CM15-0035926		
Date Assigned:	03/04/2015	Date of Injury:	08/21/1999
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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 58 year old male who sustained an industrial injury on 8/21/99. The injured worker reported symptoms in the back and lower extremities. The diagnoses included L4-L5 and L5-S1 disc protrusions, bilateral lower extremity L5-S1 radiculopathy, grade I retrolisthesis at L5-S1, multilevel stenosis with multilevel protrusion, and severe, worsening degenerative disc disease in the lumbosacral spine and referred spinal pain to the buttock and hip. Treatments to date include oral pain medications, epidural steroid injection, and activity modifications. In a progress note dated 1/19/15 the treating provider reports the injured worker was with "constant low back pain, rated 7-8/10, which radiates into the right hip, bilateral lower extremities, calves and toe aggravated by activities of daily living including bending." On 2/4/15 Utilization Review non-certified the request for Durable Medical Equipment-Hot/Cold Therapy Unit. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Hot/Cold Therapy Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 'Cold/heat packs'.

Decision rationale: Based on the 01/19/14 progress report provided by treating physician, the patient presents with low back pain rated 7-8/10 that radiates into the hip and the bilateral lower extremities. The request is for DME - HOT/COLD THERAPY UNIT. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes L4-L5 and L5-S1 disc protrusions, 4 to 5mm nerve root impingement and bilateral foraminal extensions; bilateral lower extremity L5-S1 radiculopathy; multilevel stenosis with multilevel protrusion, severe; Grade I retrolisthesis at L5-S1; worsening degenerative disc disease in the lumbosacral spine; and referred spinal pain to the buttock and hip. Patient is status post lumbar ESI 09/23/14 with marked improvement in range of motion by 50%. The patient is temporarily totally disabled, per treater report dated 01/19/15. The MTUS and ACOEM Guidelines are silent with regards to this request. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 'Cold/heat packs' states: "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. Per progress report dated 01/19/14, treater states "it is my recommendation that the patient be granted authorization for hot and cold unit for the low back. It is important that the patient be given the following DME to help facilitate rapid recovery for their industrial injury. The DME being requested is supported in ACOEM, ODG and MTUS guidelines. As the requested DME can cure and/or relieve the patient from symptoms associated with their condition." However, ODG guidelines do not support the use of mechanical circulating units for the treatment of generalized lumbar pain. At-home application of hot/cold should be sufficient. Treater has not provided model number of unit, discussed whether it is for rental or purchase, nor duration of use, either. Therefore, the request IS NOT medically necessary.