

Case Number:	CM15-0041789		
Date Assigned:	03/12/2015	Date of Injury:	02/08/2013
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 51-year-old female, who sustained an industrial injury on February 8, 2013. She reported that while unloading boxes, she received a bending/twisting injury with moderate to severe back pain. The injured worker was diagnosed as having L1-L2 traumatic left central disc herniation with radiculopathy and L5-S1 nonsurgical foraminal disc with probable improvement via regression. Treatment to date has included work modification, MRI, epidural steroid injection (ESI), home exercise program (HEP), and medication. Currently, the injured worker complains of back and bilateral leg pain, with achiness and soreness in the left groin and thigh. The Primary Treating Physician's report dated January 7, 2015, noted the injured worker with a flare-up of symptoms, preventing sleep and activities. The injured worker's pain was noted to be 70% in the back and 30% in the legs, with the left leg greater than the right. The injured worker's back pain was noted as spasm and soreness at the upper lumbar/lower thoracic region by localization, with the injured worker reporting difficulty sleeping and claudication and minimal tripping with weakness left greater than right with walking more than 30 minutes. The injured worker's current medications were listed as Propranolol, Methimazole, and Multivitamins. Physical examination was noted to show standing range of motion (ROM) of the back at 60 degrees with spasm, guarding, and loss of lordosis, with L1, L2, L3, and L4 distribution sensory loss of the left. A lumbar spine MRI dated July 9, 2013, was noted to show a large L1-L2 extrusion with displacement of conus medullaris, and suggestion of L5-S1 foraminal disc protrusion. The Physician recommended a left L1-L2 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Database of medicine Cinahl and the cochrane library.

MAXIMUS guideline: Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "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. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no evidence to support the efficacy of hot and cold therapy in this patient. There are no controlled studies supporting the use of hot/cold therapy in back post op pain beyond 7 days after surgery. There is no documentation that the patient needs cold therapy. Therefore, the request for Cold Therapy Unit is not medically necessary.