

Case Number:	CM15-0044035		
Date Assigned:	03/13/2015	Date of Injury:	10/28/1996
Decision Date:	04/17/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Family Practice

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 61 year old male injured worker suffered an industrial injury on 10/28/1996. The diagnoses were lumbar radiculopathy and lumbar discogenic pain. The treatments were medications. The treating provider reported lower back pain radiating to the right buttock and into the right lower extremity. The lumbar spine had reduced range of motion with spasms and tenderness along with positive straight leg raise. The requested treatment was one motorized cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One motorized cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low back section, Cold/heat packs.

Decision rationale: The MTUS ACOEM Guidelines state that for low back injuries/pain, at home applications of cold are as effective as those performed by therapists. The ODG states that

cold packs are recommended as an option for acute pain (first few days after injury). There is insufficient evidence to suggest any continuous flow cryotherapy device is to be recommended over a simpler home cold pack. In the case of this worker, a cold therapy unit (motorized) was recommended for his chronic low back pain. However, there was no evidence found in the notes provided to support this request. As simpler non-motorized cold therapy may be used instead, the request will be considered medically unnecessary.