

Case Number:	CM15-0059508		
Date Assigned:	04/06/2015	Date of Injury:	08/08/2014
Decision Date:	05/05/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 8/8/14. He reported left hip pain and back pain. The injured worker was diagnosed as having left hip osteoarthritis, lumbar degenerative disc disease, and low back pain. Treatment to date has included medications, physical therapy, and home exercise. An x-ray performed on 8/28/14 revealed mild L4-5 and L5-S1 disc space narrowing with multilevel spondylosis and facet hypertrophy at the L5-S1 level. A MRI performed on 10/29/14 revealed retrolisthesis of L4-5, degenerative disc disease, moderate bilateral facet arthropathy and ligamentum flavum hypertrophy, spinal canal stenosis, and bilateral facet arthropathy and ligamentum flavum hypertrophy. Currently, the injured worker complains of low back pain, left hip pain, and leg pain. The treating physician requested authorization for a purchase of a lumbar hot/cold therapy unit with wrap. The treatment plan included future laminectomy and hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar hot/cold therapy unit with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Heat/Cold Applications.

Decision rationale: Pursuant to the official disability guidelines, purchase lumbar hot/cold unit with wrap is not medically necessary. Cold/heat packs are recommended as an option for acute pain, at home local applications of cold packs in the first few days of acute complaint, thereafter, application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. 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 activities. In this case, the injured workers working diagnoses are left hip osteoarthritis; lumbar degenerative disc disease; low back pain; and status post fall. The most recent progress note in the medical record is January 22, 2015. There is no discussion of a hot/cold pack unit. There is documentation of an orthopedic consult for left hip. The utilization review references a February 19, 2015 progress note (not in the medical record). The physician's treatment plan included surgical intervention and modified duty. However, the surgery was determined to be not medically necessary. The surgery was deemed not medically necessary and, as a result, the hot/cold pack is not medically necessary. Consequently, absent clinical documentation indicating surgery is medically necessary, purchase lumbar hot/cold unit with wrap is not medically necessary.