

Case Number:	CM15-0089505		
Date Assigned:	05/13/2015	Date of Injury:	09/02/2014
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/09/2015

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 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 57 year old female who sustained an industrial injury on September 2, 2014. She has reported back pain radiating into the legs and has been diagnosed with history of lumbosacral strain and contusion, degenerative spondylolisthesis at L4-L5, moderate spinal stenosis at L3-4 and L4-5, nonindustrial physical deconditioning, and persistence of back and bilateral radicular pain, right greater than left. Treatment has included modified work duty, medical imaging, medications, and physical therapy. Active voluntary range of motion of the thoracolumbar spine was severely limited. Straight leg raising test was moderately positive on the right and slightly positive on the left. The treatment request included a hot/cold therapy unit with wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, the home application of cold packs is just as effective as those performed by a therapist. A specific high-tech cold/hot therapy unit is not-supported in the Guidelines. If cold therapy is desired, cold packs are readily available. Hot therapy can be provided by a heating pad or hot packs. There is no specific indication for the requested hot/ cold therapy unit with wrap. Medical necessity for the requested item is not established. The requested item is not medically necessary.