

<b>Case Number:</b>	CM14-0119916		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old man who sustained a work-related injury on February 23, 2012. Subsequently, he developed with the chronic neck pain. According to a progress note dated on February 11, 2014, the patient was complaining of neck pain radiating to both lower extremities left greater than the right. The patient was status post the left C7-T1 epidural steroid injection done on January 24, 2014. The patient stated that the injection didn't help with the pain in left shoulder blade but not with the neck pain. His neck pain severity was 7-8/10. The he was taking Norco, Robaxin and ibuprofen. His physical examination demonstrated cervical tenderness with reduced range of motion, positive Spurling maneuver the left side, and negative signs of entrapment. The provider requested authorization for back wrap and Vascutherm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back wrap:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Back wrap is not medically necessary.

**Vascutherm:** 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 (ODG) < ODG) 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 is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in neck and shoulder pain. Therefore, the request for Vascutherm is not medically necessary.