

Case Number:	CM14-0126379		
Date Assigned:	08/13/2014	Date of Injury:	11/07/2012
Decision Date:	10/08/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multimodality transcutaneous electrical therapy device; unspecified amounts of physical therapy; topical compounds; and work restrictions. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for heating and cooling device, invoking non-MTUS ODG Blue Cross Guidelines in its denial. The applicant's attorney subsequently appealed. In a progress note dated February 3, 2014, difficult to follow, handwritten, not entirely legible, several topical compounded medications, 18 sessions of physical therapy and electrodiagnostic testing were endorsed. The applicant was given a rather proscriptive 15 pound lifting limitation. It did not appear that the applicant was working. On June 3, 2014, the same rather proscriptive 15 pound lifting limitation, topical compounded medications, and urine drug testing were apparently endorsed, along with prescriptions for Naprosyn, tramadol, and omeprazole. A multimodality transcutaneous electric therapy and heating-cooling unit were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/cold unit purchase-lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299, does recommended at home local applications of heat and cold as methods of symptoms control for low back complaints, ACOEM does not, by implication, support more elaborate heating and cooling devices such as the unit being sought here. The attending provider has not outlined why simple, low tech, at home applications of heat and cold cannot be employed, as suggested by ACOEM. Therefore, the request is not medically necessary.