

Case Number:	CM14-0161536		
Date Assigned:	10/07/2014	Date of Injury:	07/29/2013
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 has a date of injury of July 26, 2013. The patient has chronic low back pain. The patient has had physical therapy. The patient continues to take medication. On physical examination the patient has a normal gait. There is no evidence of spinal deformity. There are spasms in the paravertebral musculature. There is tenderness to thoracolumbar spine. Faber's test is negative. Range of motion of the back is restricted. Neurologic exam shows normal reflexes. Sensation is normal in the bilateral lower extremity straight leg raise is normal. At issue is whether hot cold therapy unit is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Hot/Cold therapy unit with wrap for purchase: 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) low back pain chapter

Decision rationale: ODG guidelines do not recommend the use of hot cold therapy for chronic low back pain. Current medical literature does not recommend the use of hot cold therapy for

chronic low back pain. There were no outcome studies that show that hot cold therapy improves chronic low back pain. Medical necessity for hot cold therapy not established.