MAXIMUS Federal Services

Case Number:	CM14-0183776		
Date Assigned:	11/07/2014	Date of Injury:	02/02/2012
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 33-year-old man who sustained a work-related injury on February 2, 2012. Subsequently, he developed chronic low back pain. According to a progress report dated September 29, 2014, the patient complained of low back pain radiating to both lower extremities, both knees, and hearing problems. The patient remained off work and stated that his symptoms persist and have not improved. He also has developed symptoms of depression, anxiety, and sleeping problems. Examination of the lumbar spine revealed tenderness to palpation in the bilateral paraspinal muscles, sacroiliac joints, sciatic notch, posterior iliac crest, and gluteal muscles. There were spasms in the bilateral paraspinal muscles and gluteal muscles. The range of motion was decreased. The straight leg raise was positive, which were 45 in the right and 30 in the left. Examination of the left knee revealed tenderness to palpation anteriorly, posteriorly, laterally, and medially. The range of motion was also decreased. Examination of the right knee revealed tenderness to palpation anteriorly, posteriorly, lateral femoral condyle, abs medial joint line. The patellofemoral grinding and McMurray test bilateral knees were positive. There was atrophy of the left thigh at 2 to 2.9 cm. There was decreased deep tendon reflex in the bilateral knee and ankles at 1+ and 2+. There was decreased motor strength in the left lower extremities at 4/5. There were decreased sensation in the left anterolateral thigh, anterior knee, medial leg, and foot. The patient was diagnosed with lumbosacral musculoligamentous strain/sprain, status post lumbar surgery with residuals, bilateral knee strain/sprain, and status post left knee surgery with residuals. The provider requested authorization for cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Cold/heat packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 and 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's work injury to determine the medical necessity for cold therapy. Cold therapy could be used as an option for acute pain. However, there are no controlled studies supporting the use of cold therapy in chronic back and knee pain. Therefore, the request for cold therapy unit is not medically necessary.