

Case Number:	CM14-0185878		
Date Assigned:	11/13/2014	Date of Injury:	06/15/2012
Decision Date:	12/22/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 06/15/2012. According to progress report 06/28/2014, the patient presents with low back pain that radiates into the bilateral lower extremity. Patient also complains of upper and bilateral knee pain. Examination of the lumbar spine revealed paraspinal tenderness. There was decreased range of motion on all planes and Kemp's test was noted as positive. The listed diagnoses are: 1. Thoracic spondylosis. 2. Thoracic sprain/strain. 3. Left ankle sprain/strain with tendonitis. 4. Lumbar sprain/strain with mild herniated disk and neuropathy to the lumbar disk related to diabetes. 5. Status post coronary artery disease. 6. Diabetes. 7. Hypertension. Patient is temporarily totally disabled and to remain off work until 4 weeks. Request for authorization (RFA) from 09/22/2014 requests a "Multi-Stim unit, Aqua Relief System plus supplies, 5-month rental." The utilization review denied the request on 10/24/2014. The medical file provided for review includes 1 progress report from 06/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System purchase and installation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous-flow cryotherapy, Knee & Leg (Acute & Chronic) Chapter, www.medi-stim.com/hotcold/ars.html

Decision rationale: This patient presents with continued upper and low back pain. The current request is for aqua therapy system purchase and installation. Request for authorization (RFA) states this is a request for Multi-Stim unit, Aqua Relief System plus supplies, 5-month rental. The medical file provided for review includes 1 progress report from 06/28/2014 and provides no discussion regarding this request. According to www.medi-stim.com/hotcold/ars.html, the Aqua Relief System is a hot and cold water therapy unit which delivers pain relief to achy feet and other body parts due to arthritic pain, carpal tunnel syndrome, back pain, and other pain conditions. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. There is no indication of recent or projected surgery. The request is not medically necessary and appropriate.