MAXIMUS Federal Services

Case Number:	CM14-0145555		
Date Assigned:	09/12/2014	Date of Injury:	06/10/2005
Decision Date:	01/28/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 62-year-old man who suffered a work related injury on June 10, 2005. Subsequently, he developed back pain. Prior treatments include: physical therapy, chiropractic treatment, medications, pain management consultation, acupuncture, caudal ESI done on January 24, 2012, ESI L4-5 performed on April 17, 2012 (50% improvement), TESI dated October 16, 2012, and TESI done on July 25, 2013 (50% improvement). On October 13, 2010, the patient has been certified for an interbody fusion with decompression and stabilization of L4-5 and L5-S1, but he chose not to have the surgery. The medical record reviewed showed lower back and midline tenderness extending from L2 to L5. Bilateral lumbar facet tenderness was noted at L4-5 and L5-S1, right more than left. Mild bilateral sacroiliac joint tenderness was noted. Right sciatic notch tenderness was noted. Thoracic and lumbar spine movements were painful. Straight leg raise test and Lasegue's test were positive at 50. Sensory examination revealed hypoalgesia in distribution of right L5-S1 nerve root. Motor examination revealed weakness of right lower extremity. The patient was diagnosed with lumbar degenerative disc disease. The provider requested authorization for therma cool system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma cool system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Knee and Leg and the Blue Cross/Blue Shield Policy, Cooling Devices Used in the Home Setting, DME Policy No. 7.

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 and 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 are no controlled studies supporting the use of hot/cold therapy in back pain. Therefore, the request for thermal cool system is not medically necessary.