

Case Number:	CM14-0215400		
Date Assigned:	01/05/2015	Date of Injury:	02/01/2014
Decision Date:	02/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50 year old employee with date of injury of 2/1/14. Medical records indicate the patient is undergoing treatment for displacement lumbar intervertebral disc without myelopathy; sciatica and acquired spondylolisthesis. Subjective complaints include pain rated 9/10 and described as severe and dull. The pain is down low back to left leg with occasional weakness. Objective findings include heel/toe walk is performed without difficulty; sensation is intact to light touch in bilateral lower extremities, straight leg raise is negative and the bilateral patellar and Achilles deep tendon reflexes are 2/4. Treatment has consisted of physical therapy, Etodolac, Polar Frost Gel, Nabumetone, Cyclobenzaprine, Prednisone, Acetaminophen, Tramadol, ESI at L1-2 and L4-5. The utilization review determination was rendered on 12/19/14 recommending non-certification of a Game Ready cold therapy system, 14 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready cold therapy system, 14 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back procedure summary, Knee and Leg procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (Lumbar), Cold Therapy and Lumbar Support <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>

Decision rationale: MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states 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). The uses of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. As such the request for Cold Therapy Unit is not medically necessary.