

Case Number:	CM14-0216415		
Date Assigned:	01/06/2015	Date of Injury:	11/12/2004
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 55-year-old man with a date of injury of November 12, 2004. The mechanism of injury was due to a fall. The injured worker's working diagnoses are failed back surgery syndrome; and left-sided sacroiliac joint arthropathy. Pursuant to the progress note date November 20, 2014, the IW complains of low back pain and buttocks pain with occasional radiation to the left leg. The pain is rated 7/10 without medications and 2/10 with medications. Objectively, the IW has a scar midline in the lumbar region, which is well-healed. Straight leg raise test is negative. Patrick's test is positive on the left side. Gaenslen's test provoked pain in the sacroiliac joint on the left side. Current medications include Tramadol, and Tizanidine. The treating physician reports the IW received at least 12 sessions of aggressive physical therapy. He is on a home exercise program. The provider is going to request for a left-sided sacroiliac joint block under fluoroscopy. The provider is also recommending a motorized cold therapy unit post injection for purchase only. The current request is for motorized cold therapy unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Knee &

Leg (updated 10/27/14) Continuous flow cryotherapy and Chapter: Low Back (updated 11/21/14) 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, Shoulder section, Continuous flow cryotherapy, Pain section, Cold/hot packs

Decision rationale: Pursuant to the Official Disability Guidelines, motorized cold therapy unit for purchase is not medically necessary. Cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter applications of heat packs or cold packs. The evidence for application of cold treatment to low back pain is more limited than heat therapy. There is minimal evidence supporting the use of cold therapy. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be for up to seven days, including home use. The available scientific literature is insufficient to document that the use of continuous flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance in the outpatient setting. In this case, the injured worker's working diagnoses are failed back surgery syndrome; and left-sided sacroiliac joint arthropathy. The injured worker complains of low back pain and buttock pain with occasional radiations of the left leg. The injured worker received 12 sessions of aggressive physical therapy and presently, is on a home exercise program. The treating physician is planning on administering a left-sided sacroiliac joint block under fluoroscopy. The provider is recommending a motorized cold therapy unit post injection for purchase only. There is minimal evidence supporting the use of cold therapy. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Additionally, the available scientific literature is insufficient to document that the use of continuous flow cooling systems (versus ice packs). Consequently, based on guideline recommendations, motorized cold therapy unit for purchase is not medically necessary.