

Case Number:	CM15-0005154		
Date Assigned:	01/16/2015	Date of Injury:	04/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47 year old male with an industrial injury dated 4/1/2014. The diagnoses included low back pain with left radicular symptoms, lumbar degenerative disc disease with a bulging disc, lumbar sprain/strain and left sacroiliac joint arthropathy. The diagnostics included x-rays and magnetic resonance imaging. The treatments were medications and physical therapy. The treating provider's progress note described low back pain radiating to the left leg into the foot rating the pain as 10/10 with diminished sensation in the lumbar sacral area. Also noted was positive leg raise and reduced lumbar range of motion. The request was in anticipation of pending spinal injection for post therapy. The UR determination denied request on 12/22/2014 for motorized cold therapy unit for purchase, citing ODG Low Back pain, Cold/Heat packs.

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 (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Cold/heat packs

Decision rationale: The patient has persistent complaints of severe low back pain and pain radiating into the left lower leg and foot. The current request is for Motorized Cold Therapy for Purchase. The attending physician states that he would like the Motorized Cold Therapy unit for purchase to be utilized post injection. According to the ODG Low Back, cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs in first few day of acute complaint; thereafter, applications of heat packs or cold packs. 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. In this case, the patient has low back pain and left lower extremity symptoms. While cold therapy is recommended as an option for acute pain, the rationale for the utilization of a Motorized Cold Therapy unit versus a common cold pack is not discussed in the available records. There does not seem to be any rational reason for requesting a motorized cold therapy unit over the application of a traditional cold pack. The current medical records do not support medical necessity and as such, recommendation is for denial.