

Case Number:	CM15-0012683		
Date Assigned:	01/30/2015	Date of Injury:	04/18/2001
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on April 18, 2001. The diagnoses have included axial lower back pain, facet arthropathy L4-L5 and L5-S1, and anterolisthesis of L5 over S1. Treatment to date has included facet block, left knee injection, and medications. Currently, the injured worker complains of low back pain, radiating to the back part of the right leg up to the level of the knee, and pain in the right knee and hand. The Secondary Treating Physician's examination dated December 18, 2014, noted tenderness over the L4-L5 and L5-S1 facet areas bilaterally, with facet loading positive for pain in the lower lumbar region. On January 9, 2015, Utilization Review non-certified purchase of Motorized Cold Therapy Unit for the lumbar and/or sacral vertebrae, noting there was limited evidence of additional proven benefit from use of a motorized cold therapy unit over the conventional ice/cold pack. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On January 22, 2015, the injured worker submitted an application for IMR for review of purchase of Motorized Cold Therapy Unit for the lumbar and/or sacral vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Motorized Cold Therapy Unit for the lumbar and/or sacral vertebrae: 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), Low Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (Lumbar and Thoracic), 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 use 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 Purchase of Motorized Cold Therapy Unit for the lumbar and/or sacral vertebrae is not medically necessary.