

<b>Case Number:</b>	CM15-0116569		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 55-year-old female with an industrial injury dated 10/18/2013. Her diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain, myospasm, lumbar radiculitis, grade 1 retrolisthesis of lumbar 5-sacral 1, lumbar spine disc desiccation and multilevel disc protrusions. Prior treatment included physical therapy, acupuncture, medications and diagnostics. She presents on 02/19/2015 with complaints of constant mid and low back pain radiating down the left leg. She states therapy has helped decrease her pain radiating down her legs, however it does make her sore. The pain decreases with medications, creams and exercises. Physical exam revealed tenderness to palpation with spasms of the thoracic and lumbar paraspinal with limited range of motion secondary to pain. Straight leg raise and sitting root test were positive. She had hypoesthesia of the left posterior thigh. Treatment plan included chiropractic treatment, acupuncture, appointment with pain management specialist, appointment with orthopedist, lumbar spine brace, TENS unit and Hot and Cold Pack/Wrap or thermal combo unit. The treatment request is for durable medical equipment - lumbar spine brace quantity of one (authorized, not listed on application). The request for review is durable medical equipment - aqua relief system (indefinite use) quantity of 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Aqua relief system (indefinite use) QTY: 1: 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, cold/heat packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME).  
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Durablemedicalequipment>.

**Decision rationale:** According to ODG guidelines, Durable medical equipment (DME) "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionator/Extensionator; Flexionators (extensionators); Exercise equipment; Game Ready accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)." There is no evidence to support the efficacy of hot and cold therapy in this patient who was suffering from a chronic back, neck and shoulder pain. There are no controlled studies supporting the use of hot/cold therapy in chronic pain including chronic back and shoulder pain. Hot-cold therapy is recommended for seven days after shoulder surgery and no or limited evidence to support its use for neck and back pain. Therefore, the request for DME-Aqua relief system (indefinite use) is not medically necessary.