

Case Number:	CM15-0172019		
Date Assigned:	09/14/2015	Date of Injury:	04/04/2006
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 65 year old male, who sustained an industrial injury on 4-4-06. The injured worker was diagnosed as having lumbar spinal stenosis, sciatica and lumbar strain. The physical exam (4-1-15 through 5-7-15) revealed thoracolumbar flexion was 45 degrees and extension was 10 degrees, diminished sensation to the dorsum of the left foot and full range of motion in the bilateral hips. Treatment to date has included a left L3-L4 epidural injection on 5-15-15, a right sacroiliac joint injection on 5-7-15 and EMG studies on 4-8-15. As of the PR2 dated 6-24-15, the injured worker reported only being able to walk 20 to 30 feet at a time before having to sit down because of pain, numbness and weakness of the legs. Objective findings include a positive straight leg raise test at 50 degrees, thoracolumbar flexion was 20 degrees and extension was 5 to 10 degrees. The treating physician performed a right paralumbar trigger point injection at the visit. The treating physician requested a hot-cold therapy unit wrap (purchase). The Utilization Review dated 8-27-15, non-certified the requests for a hot-cold therapy unit wrap (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit with wrap (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, 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 (ODG) Low Back, Cold/Heat Packs.

Decision rationale: Per the ODG guidelines regarding cold/heat packs: 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. Hot/cold therapy is recommended only as an option for acute pain. The medical records submitted for review do not indicate an acute flare up of low back pain. The request is not medically necessary.