

Case Number:	CM15-0024940		
Date Assigned:	02/17/2015	Date of Injury:	06/04/2014
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for low back pain syndrome reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review Report dated January 23, 2015, the claims administrator denied a request for a hot/cold therapy wrap. The claims administrator referenced a January 20, 2015 RFA form and associated progress note of January 8, 2015 in its determination. The claims administrator contended that the request represented a request for postoperative usage of a hot and cold therapy unit. The applicant's attorney subsequently appealed. On January 3, 2015, the applicant reported persistent complaints of low back and associated lower extremity radicular pain complaints. A lumbar spine surgery was proposed while Vicoprofen was renewed.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar and Thoracic (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed. Cryotherapies is Not Recommended for Acute, Sub-Acute and Chronic Low Back Pain (Insufficient Evidence (I)) Routine use of cryotherapies in health care provider offices or home use of a high-tech device is not recommended for treatment of low back pain.

Decision rationale: No, the request for a hot and cold therapy unit with associated wrap was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as were/are present here. By implication, ACOEM does not support more elaborate devices for delivering heat therapy and/or cryotherapy such as was proposed here. The Third Edition ACOEM Guidelines take a more explicit position against usage of such devices, explicitly stating that high-tech devices for the purpose of delivering cryotherapy are deemed "not recommended." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM positions on the article at issue. It was not clearly stated or clearly established why the applicant needed to use the elaborate high-tech device for delivering cryotherapy. Therefore, the request was not medically necessary.