

Case Number:	CM15-0042243		
Date Assigned:	03/12/2015	Date of Injury:	03/03/2013
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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, Michigan, 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 30-year-old female; with a reported date of injury of 03/03/2013. The, diagnoses include intervertebral disc disorder and lumbosacral radiculopathy. Treatments to date have included right micro decompression at L3-L4 on 12/19/2014, oral medications, physical therapy, an electromyography/nerve conduction velocity, an MRI of the lumbar spine, lumbar discectomy at L5-S1, an x-ray of the cervical spine, and an x-ray of the lumbar spine. The follow-up report dated 02/05/2015 indicates that the injured worker complained of remitting pain in her lumbar spine and improved sensation in the right lower extremity. She reported improved sensation in her right lower extremity. The physical examination showed improved sensation in L3 and L4 right dermatomal distributions and spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The treating physician requested fourteen-day rental of a Q-Tech Cold Therapy system with wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy system with wrap, 21-day rental, provided on December 18, 2014:

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is 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) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient. There is no controlled study 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 Q-tech cold therapy system with wrap, 21-day rental is not medically necessary.