

Case Number:	CM15-0066001		
Date Assigned:	04/20/2015	Date of Injury:	01/23/2012
Decision Date:	05/18/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Indiana

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 injured worker is a 61 year old male, who sustained an industrial injury on January 23, 2012. The injured worker was diagnosed as having cervical stenosis and radiculopathy with weakness, cervical discectomy and fusion and decision. Treatment and diagnostic studies to date have included CAT scan, magnetic resonance imaging (MRI), epidural steroid injection and medication. A progress note dated March 20, 2015 provides the injured worker complains of neck pain radiating to left shoulder and arms with numbness in elbows wrists and hands. He rates the neck pain 3/10, shoulder pain 7/10 and arm pain 3/10. Magnetic resonance imaging (MRI) and CAT scan were reviewed. Physical exam notes no tenderness of neck or shoulder area. Cervical sensation was decreased and there is decreased range of motion (ROM). The plan includes foraminotomies, pre-op and post-op care and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy Unit x30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl and The Cochrane Library.

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 (Lumbar and Thoracic), Lumbar Support Other Medical Treatment Guideline or Medical Evidence: <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 Cold Therapy Unit is not medically necessary.