MAXIMUS Federal Services

Case Number:	CM15-0090485		
Date Assigned:	05/14/2015	Date of Injury:	04/20/2014
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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, California
Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 4/20/14. He has reported initial complaints of slipping on a wet surface and falling on his back and striking the right elbow and had onset of pain in the neck, mid and low back, right elbow and head. The diagnoses have included lumbosacral sprain/strain, lumbar disc disease, and lumbar facet syndrome. Treatment to date has included medications, activity modifications, medial branch blocks, diagnostics, physical therapy, acupuncture and other modalities. Currently, as per the physician progress note dated 3/17/15, the injured worker complains of low back pain which is rated 2/10 on pain scale and described as moderate pain that has decreased significantly. On 2/23/15 he underwent bilateral medial branch block injections and states that he has improved 90 percent. He states that he takes the medications as needed only and they relieve the pain. The physical exam of the lumbar spine reveals tenderness to palpation over the lumbar region, there is pain upon extension of the lumbar spine, the injured worker ambulates with a wide based gait and heel-toe walk is performed with difficulty secondary to low back pain and normal ROM. The diagnostic testing that was performed included x-rays and Magnetic Resonance Imaging (MRI) of the lumbar spine which were not included with the records. The current medications included Naprosyn, Biofreeze gel and Hydrocodone-Acetaminophen. There was no urine drug screen reports noted in the records. Treatment plan is bilateral lumbar medial branch facet joint rhizotomy and neurolysis, hot/cold contrast system, medications and follow up visit. The physician requested treatment included a Hot/Cold unit x30 day rental. The patient had received median branch block on 2/23/15. Patient was certified for bilateral lumbar medial branch facet

joint rhizotomy and neurolysis. However patient underwent bilateral lumbar medial branch facet joint rhizotomy and neurolysis or not was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold 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 Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 299 Physical Therapeutic Interventions Knee & Leg (updated 05/05/15) Continuous-flow cryotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Page 299 Physical Therapeutic Interventions Knee & Leg (updated 05/05/15) Continuous-flow cryotherapy.

Decision rationale: Request: Hot/Cold unit x30 day rental. Per the ACOEM guidelines cited below "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold." Per the cited guidelines Continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment." The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is limited information to support active vs passive cryo units. Cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. Per the cited guidelines cold packs 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)" 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." Therefore there is minimal evidence supporting the use of cold therapy for this diagnosis. In addition any evidence of acute pain was not specified in the records provided. Rationale for not using a simple cold pack at home was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury until date. The records provided do not specify a detailed response to conservative measures including PT for this injury. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Hot/Cold unit x30 day rental is not fully established in this patient.