

Case Number:	CM15-0092294		
Date Assigned:	05/18/2015	Date of Injury:	06/16/2014
Decision Date:	07/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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, Alabama, 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 54 year old female, who sustained an industrial injury on 6/16/14. The injured worker has complaints of back and leg pain. The diagnoses have included tendonitis not otherwise specified; thoracic or lumbosacral neuritis or radiculitis not otherwise specified and cervical sprain/strain. Treatment to date has included computerized tomography (CT) scan of the cervical spine on 6/17/14 showed nonspecific 0.4 centimeter tiny radiolucent lesion in the C5 vertebral body and unremarkable computerized tomography (CT) scan cervical spine lumbar spine X-ray on 6/17/14 showed normal plain film examination of the lumbosacral spine and left L4-L5 and left L5-S1 (sacroiliac) lumbar decompression surgery on 3/20/15. The request was for Q tech cold therapy recovery system, 21 day rental and purchase off full wrap and universal therapy 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 Recovery System, 21 day rental: 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/Hot Packs.

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 and 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 cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of cold therapy for chronic pain syndrome. Therefore, the request for Q Tech Cold Therapy Recovery System, 21 day rental is not medically necessary.

Purchase of Full Wrap and Universal Therapy 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 (ODG), Low Back, Cold/Hot Packs.

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: Because cold therapy was not certified, the request for Purchase of Full Wrap and Universal Therapy Wrap is not medically necessary.