

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	4/13/2009
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012590

- 1) MAXIMUS Federal Services, Inc. has determined the request for thermocool hot and cold contrast therapy with compression for sixty days for the lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for thermocool hot and cold contrast therapy with compression for sixty days for the lumbar spine **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The patient is a represented International Facilities employee who has filed a claim for chronic low back pain, chronic shoulder pain, and reactive depression, reportedly associated with trip and fall industrial injury of April 13, 2009. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; at least two epidural steroid injections; unspecified amounts of psychological counseling; and unspecified numbers of facet joint blocks.

In a utilization review report of July 15, 2013, the claims administrator denied a request for ThermoCool hot and cold therapy with compression. A later note of August 22, 2013, is notable for comments that ThermoCool hot and cold contrast therapy with compression is preferred over simple ice and heat packs, it is stated, as the patient would like to be more patient with the same. An earlier note of June 27, 2013, is notable for comments that the patient is reportedly improved status post epidural steroid injection therapy. The patient is asked to employ Relafen, tramadol, and tizanidine for pain relief in conjunction with ThermoCool hot and cold contrast therapy with compression.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for thermocool hot and cold contrast therapy with compression for sixty days for the lumbar spine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, Physical Methods, pg. 174, which is part of the MTUS, as well as the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Chronic Pain – Allied Health Therapies Chapter, which is not part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, simple, at home applications of heat and cold are considered as effective as those performed by therapist or, by implication, those delivered through high-tech means. The unfavorable Second Edition of ACOEM recommendation is echoed by the Third Edition ACOEM Guidelines, which also suggests that high-tech means of delivering hot and cold therapy are not recommended as these are considered functions that an applicant can perform independently through at-home applications of heat and cold. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review. **The request for thermocool hot and cold contrast therapy with compression for sixty days for the lumbar spine is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.