

<b>Case Number:</b>	CM14-0144411		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 45 year old male whose date of injury is 02/08/2013. The mechanism of injury is described as heavy lifting. Progress report, dated 06/23/14, indicates that the injured worker complains of midline low back pain with right lateral thigh pain to right knee only. On physical examination gait is mildly antalgic. Paraspinal muscles are symmetrical without spasm or guarding. Deep tendon reflexes are symmetrical in the bilateral lower extremities. Straight leg raising is positive on the left. Diagnoses are right low back strain with left greater than right lower extremity lumbar radiculitis, and sleep disturbance because of pain. Prior utilization review denied request for reusable ice pack, tech fitting fee, conductive garment and adhesive remover wipes on August 07, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reusable ice pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current.

**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 Chapter: Cold/heat packs

**Decision rationale:** Based on the clinical information provided, the request for reusable ice pack is not recommended as medically necessary. The Official Disability Guidelines note that cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint are supported. This injured worker's date of injury is over 1.5 years old. Therefore, medical necessity is not established.

**Tech fitting fee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Conductive garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Adhesive remover wipes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.