

Case Number:	CM14-0035203		
Date Assigned:	06/23/2014	Date of Injury:	07/31/2012
Decision Date:	09/21/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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: North Carolina
 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 31 year old male with an industrial injury dated 07-31-2012. His diagnoses included thoracic sprain-strain with herniated nucleus pulposus and lower back pain. Prior treatment included physical therapy, MRI, medications and home exercise program. He presents on 02-12-2014 with complaints of mid and low back pain rated as 3 out of 10. He notes the low back pain increases to 10 out of 10 every other week and lasts up to four days. Physical exam noted a normal gait. Palpation demonstrated tenderness at thoracic 5, thoracic 6, thoracic 7 and thoracic 8. He complained of pain in the thoracic spine and the lumbosacral area. Work status was modified duty with no lifting greater than 50 pounds. The treatment request is for thoracic cold pack with hot pack straps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Cold Pack with Hot Pack Straps: 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) Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for non-surgical treatment. The request is not for post-surgical use and therefore is not medically necessary.