

Case Number:	CM13-0016743		
Date Assigned:	11/06/2013	Date of Injury:	09/14/2007
Decision Date:	01/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 63-year-old injured worker who reported an injury on 09/14/2007. The mechanism of injury was not provided. The diagnoses included the patient was status post lumbar fusion at L4 t - S1 on 02/08/2010. The request was made for a hot/cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Cryotherapy, Low Back Chapter, Cold/Heat packs, online version

Decision rationale: The MTUS/ACOEM Guidelines discuss application of cold in the acute phase, but does not address hot/cold unit. The Official Disability Guidelines indicate that at home, local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The clinical documentation submitted for review indicated the

patient was to continue the use of the hot/cold therapy. There was a lack of documentation indicating the patient's objective functional response to the requested treatment. The request for hot cold unit, unspecified rental or purchase, is not medically necessary and appropriate.