

<b>Case Number:</b>	CM13-0020194		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/24/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This patient, 62-year-old gentleman who had a low back injury on 09/24/2008. He has a diagnosis of thoracic/lumbosacral neuritis/radiculitis. On 8/12/13, his treating physician is requesting L4-5 posterior lumbar interbody fusion with instrumentation and pre-op medical clearance, as well as AP, LAT, and flexion/extension x-rays; psych screening for spinal surgery; post-op physical therapy 3x4 weeks; bone growth stimulator, LSO back brace, fww, 3-in-1 commode, shower bench, and cold therapy unit w/ pad rental x 14 days. The request was not authorized by utilization review. However, on 10/18/2013, the insurance approved all the procedures, except the cold therapy unit. This IMR is to determine the medical necessity of the cold therapy unit with pad rental x 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit with pad rental times 14 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines PMID: 18214217 [PubMed-indexed for MEDLINE].

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Low Level Laser Therapy (LLL)).

**Decision rationale:** Cold therapy unit with pad times 14 days is not very specific. Both MTUS/ACOEM and ODG does not support Cold therapy other than local applications of heat or cold, which are as effective as those performed by therapists.