

<b>Case Number:</b>	CM13-0024554		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Oklahoma and 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 43-year-old female with a reported date of injury on 07/26/2011. The patient presented with low back pain, spasms in the lumbar spine, stiffness, numbness in the left leg and toes, facet tenderness at L5-S1 and difficulty with heel to toe walk due to pain. The patient had diagnoses including lumbar radiculopathy, failed lumbar spine surgery syndrome, lumbar facet arthropathy, and lumbar musculoligamentous strain. The physician's treatment plan included a request for a hot/cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 155.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Shoulder, Cold/heat packs & Continuous-flow cryotherapy.

**Decision rationale:** The ACOEM Guidelines recommends at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The Official Disability Guidelines note cold and heat packs are recommended as an option for acute pain; at-home local

applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. 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. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Per the provided documentation, the physician requested a caudal epidural injection as well as a hot/cold system. The guidelines recommend the use of cold unit status post surgical intervention for up to 7 days, including home use. Within the provided documentation, it did not appear the patient underwent surgical intervention. The request for hot/cold therapy unit is not medically necessary and appropriate.