

<b>Case Number:</b>	CM13-0024889		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/03/2013
<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 Occupational 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 18, 2010. In a utilization review report of September 3, 2013, the claim administrator denied a request for a cold therapy pad, citing a non-MTUS ODG Guideline. The patient's attorney later appealed. A handwritten note of September 25, 2013 is difficult to follow, not entirely legible and notable for comments that the applicant is status post medial branch radiofrequency rhizotomy procedures. The applicant reports no improvement yet. Heightened low back pain is noted. Tenderness and limited range of motion are noted. The applicant is using a cane. The applicant has returned to modified work with a rather proscriptive 5-pound lifting limitation. Additional physical therapy is endorsed. This restriction is unchanged as compared to a prior note of December 28, 2012, it is incidentally noted.

### 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 purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, simple, low-tech, at-home applications of heat and cold will generally suffice and are as effective as those performed by therapist or, by implication those delivered via high-tech means. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. It is further noted that the unfavorable MTUS Guideline in ACOEM chapter 12 is echoed by that of the third edition ACOEM Guidelines, which also argue against high-tech cryotherapy. For all of these reasons, then, the request is not certified.