

<b>Case Number:</b>	CM13-0025393		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 PM&R, 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 48-year-old female who reported an injury on 03/18/2010. According to the documentation, a week prior to the date of her reported injury, the patient was lifting boxes full of inmate record folders and boxes of supplies. Around the night of 03/17/2010, the patient began to experience pain in her low back which radiated to her right lower extremity. The patient was taken to the [REDACTED] room where she had x-rays performed and was injected with a pain reliever. The patient has undergone physical therapy which consisted of using hot packs, cold packs, and electrical stimulation muscle unit. An undated MRI was also performed which revealed abnormalities; however, they were not documented in the material provided. The patient continued with her physical therapy and provided with more oral medications. The patient subsequently was referred to pain management consultation due to complaints of low back pain which the patient rates from 4/10 to 9/10 which is aggravated while getting dressed. The patient also described having sharp pains with spasms that radiate down the left leg. The patient has been diagnosed as having lumbar disc disease and lumbar facet syndrome. The physician is now requesting a hot/cold contrast system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold contrast system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/heat packs.

**Decision rationale:** Under the California MTUS/ACOEM Guidelines it states that at home, local applications of heat or cold are as effective as those performed by a therapist. Official Disability Guidelines were also referred to in this case. Under Official Disability Guidelines, it states that cold and heat packs are recommended as an option for acute pain and at home local applications of cold packs in the first few days of acute complaint are recommended; thereafter, applications of heat packs or cold packs may be preferred. Cryotherapy units in general are not fully addressed under the Official Disability Guidelines. Rather, they are covered under the cold/heat packs. Furthermore, this patient is now nearly 4 years post injury date. At this time, the patient should be able to utilize items in her own home as a form of heat or cold therapy. Therefore, the request for a hot/cold contrast system is not considered medically necessary. As such, the request is non-certified.