

<b>Case Number:</b>	CM13-0033750		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/04/2006
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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.

### 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 56-year-old female who reported an injury on 10/04/2006. The patient is diagnosed with postlaminectomy syndrome. The patient was seen by [REDACTED] on 09/26/2013. The patient reported high levels of pain. Physical examination was not provided. Treatment recommendations included a reconstructive TDR at L4-5 and interbody fusion at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapist. As per the documentation submitted, the patient is awaiting approval for a reconstructive surgery including TDR at L4-5 and interbody fusion at L5-S1. The associated request for a cold therapy unit cannot be determined as medically necessary, as the patient's surgical procedure has not been authorized.

Additionally, there is no indication of a failure to respond to more traditional at home local applications of heat or cold packs, as recommended by California MTUS/ACOEM Practice Guidelines. Based on the clinical information received, the request is non-certified.