

<b>Case Number:</b>	CM13-0035601		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old male who sustained an injury on September 29, 2011. The mechanism of injury was due to lifting. Prior to injury he frequently lifted pallets and worked in twisting, pushing positions. The diagnosis was displaced lumbar disc, lumbar degenerative disc disease. On August 12, 2013, a Lumbar MRI showed small anterolateral osteophytes scattered throughout the lumbar spine with associated mild narrowing of the L3, L4 and L5 neural foramina bilaterally. Disk desiccation with a 2 mm central and slightly left-sided disk protrusion noted at the L4-L5 level, which flattens the ventral aspect of the thecal sac and abuts but does not compress the emerging left L5 nerve root. 1 mm broad based left-sided disk protrusion was noted at the L5-S1 level without thecal sac or nerve root compression. Compared with the prior MRI of the lumbar spine dated February 4, 2012, there has been no significant interval change. The patient has had conservative care including included physical therapy, chiropractic care, acupuncture, bracing, medications, epidural steroid injection (ESI) and modified duty without relief of pain. A physical exam on August 30, 2013 of the lumbar spine showed that the patient has paraspinal musculature tenderness, decreased range of motion and weakness as well as decreased sensation in the lower extremities consistent with the disc degeneration, protrusion and nerve root impingement shown on MRI. Lumbar-Spine surgery, anterior, posterior, decompression and fusion with instrumentation at L4-5 was certified on June 27, 2013. The prior request for a water circulating cold pad with pump was denied and is addressed in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Circulating Cold Pad with Pump: 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) Treatment Index, 11th Edition (web), 2013, Low Back - Bone growth stimulators (BGS); Back brace, post operative (fusion); Cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Cold/heat packs; Knee: continuous flow cryotherapy.

**Decision rationale:** The water circulating cold pad with pump is not medically necessary per ODG guidelines. The MTUS does not specifically address the water circulating cold pad with pump. The ODG Low Back chapter recommends: "At home local applications of cold packs during the first few days of acute complaint; thereafter, applications of heat packs or cold packs." The ODG does not address continuous flow cryotherapy in the low back chapter. There is no documentation submitted that indicates that the patient is unable to simply use an at home local cold pack. The water circulating cold pad with pump is not medically necessary.