

<b>Case Number:</b>	CM13-0041674		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/25/1993
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois 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 expert 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 injured worker is a 53 year old female who reported an injury on 4/25/93 secondary to a mechanism of injury that was not provided for review. She was diagnosed with lumbar herniated disc disease. She has been treated previously with an epidural steroid injection at L5-S1, and a disc decompression at L4-5 and L5-S1 in 2004. The injured worker has been recommended for multiple diagnostic studies. No studies are included in the medical records submitted for review. The most recent clinical note dated 6/6/12 states that the injured worker reported low back pain radiating to the bilateral lower extremities. A physical exam was not conducted on this date. Medications were noted to include Zanaflex, Percocet, Lidoderm, Demerol, Methadone, Phenergan, Midrin, and morphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ICE PACKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 298.

**Decision rationale:** The California MTUS/ACOEM guidelines recommend at-home local applications of cold in the first few days of an acute complaint; thereafter, applications of heat or

cold may be applied. The Official Disability Guidelines state that there is minimal evidence supporting the use of cold therapy for acute pain, but heat therapy has been found to be helpful for pain reduction and return to normal function. The injured worker has been treated for low back pain since her injury in 1993. Therefore, the injury is no longer in the initial or acute phase, but rather the chronic phase. The most recent clinical note submitted is dated 6/6/12. There is a lack of documentation to indicate that the injured worker has been re-evaluated in the past two years. Therefore, it is unclear if the injured worker still presents with symptoms that would benefit from cold therapy. Furthermore, there are no exceptional factors documented to indicate that the injured worker is unable to apply cold therapy at-home with the use of ice. Additionally, the request as written does not include a quantity of ice packs for purchase. As such, the request is not medically necessary.