

<b>Case Number:</b>	CM13-0043252		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic surgery, 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant a 32-year-old female who was injured in a work-related accident on November 9, 2009. The topic for this review is a postoperative request for a cryotherapy device. The records indicated that a surgical recommendation was made for an L4-5 artificial disc replacement and L5-S1 fusion for the claimant. It is unclear as to whether or not the claimant has undergone the surgical process. At present, there is a request for the postoperative use of a cooling unit for further treatment in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative cooling unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline (ODG) criteria, the cryotherapy devices are typically not

recommended in regard to the lumbar spine. While the ODG Guideline does support the role of cold and heat pack applications, the specific use of a "cryo unit" is not supported. Furthermore, there is no documentation or indication to the length of time for which the device for this request is to be used. Therefore, the postoperative cooling unit cannot be recommended as medically necessary.