

<b>Case Number:</b>	CM13-0045416		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 California and Washington. 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 60-year-old who reported an injury due to constantly climbing in and out of a truck that she had to pull herself onto using her left upper extremity and left lower extremity on January 20, 2010. In the clinical notes dated September 27, 2013, the injured worker complained of low back pain, of which she rated a 7/10 on the pain scale. Prior treatment included physical therapy, chiropractic therapy, rhizotomy dated 2011, surgery to the right shoulder in 2013, and prescribed medications. The injured worker's prescribed medication regimen included metoprolol, Tylenol with Codeine, Paxil, Abilify, and Singulair. The physical examination of the lumbar spine revealed diffuse tenderness over the paraspinal musculature and moderate facet tenderness from L3-S1. The lumbar spine range of motion was annotated as lateral bending to the right 20 degrees, 30 degrees to the left; flexion 60/70 degrees and extension 10/20 degrees. It was annotated that there was a bilateral positive Farfan test. The diagnoses included lumbar facet syndrome and lumbar disc disease. The treatment plan included a request for bilateral L4-S1 medial branch facet joint rhizotomy and neural lysis, a hot/cold unit following the procedure, and a continuation of the injured worker's medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Continuous-flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines (ODG) state that continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use may be up to seven days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. In the clinical notes provided for review, it is annotated that the request for the hot/cold therapy unit is in conjunction with the Request for Authorization of rhizotomy for the bilateral L4-S1 lumbar spine. However, it is not annotated if the procedure has been authorized. Furthermore, the request lacks the duration of which the hot/cold therapy unit is to be in use. Therefore, the request for hot/cold therapy unit is not medically necessary or appropriate.