

<b>Case Number:</b>	CM13-0047612		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, has a subspecialty in Interventional Spine 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 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 patient is a 30 year old male with a date of injury of 12/10/2011. The listed diagnoses per [REDACTED] are: 1) Lumbar spine strain/sprain 2) Lumbar radiculopathy 3) MRI finding of disc protrusions at L2-3, L3-4, L4-5 and L5-S1 multilevel neural foraminal narrowing According to report dated 05/16/2013 by [REDACTED], the patient presents with chronic low back pain. The patient underwent an epidural injection on 04/17/2013. The treating physician states at this time he does not recommend another epidural injection and recommends patient be evaluated by a spine surgeon. The treating physician would like to try a series of diagnostic facet blocks as the patient presents with facet arthropathy; however, the patient does present with radiculopathy. There are no progress reports provided by [REDACTED] that discuss the request for a retrospective motorized cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE DURABLE MEDICAL EQUIPMENT (DME) REQUEST FOR MOTORIZED COLD THERAPY UNIT: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting a retrospective request for a motorized cold therapy unit. Utilization review dated 10/01/2013 notes the prescription for request is dated 04/17/2013. This prescription or the Request for Authorization is not provided for review. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss cold therapy units. Therefore, Official Disability Guidelines (ODG) Guidelines are referenced. Official Disability Guidelines (ODG) Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." As medical records document, the patient underwent an epidural steroid injection on 04/17/2013. The treating physician is requesting a retrospective motorized cold therapy unit with a prescription date of 04/17/2013. It appears the treating physician may have provided the cold therapy unit following the epidural steroid injection (ESI). Since The treating physician's request report is missing, one cannot tell. Official Disability Guidelines (ODG) guidelines do not support cold therapy units for chronic pain and epidural steroid injection (ESI) is not an operation requiring recovery. Recommendation is for denial.