

<b>Case Number:</b>	CM13-0049682		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/22/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 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 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 claimant sustained an injury to his lower back on 04/22/07. Clinical records available for review include a recent operative report of 12/03/13, indicating the claimant underwent a revision arthrodesis at the L4-5 and L5-S1 level with removal of prior hardware, grafting, and decompressive procedure. There is a current postoperative request for a cryotherapy cold unit for postoperative use for an unclear period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-TECH COLD THERAPY (DAYS):** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** California MTUS and Official Disability Guidelines would not support a medical necessity for the requested cryotherapy device in the postoperative setting of a lumbar surgical procedure. The guidelines indicate that home application of ice and heat packs in the acute setting is appropriate. There is no indication for the use of cryotherapy devices for any period of time. The specific time frame for use in this case also has not been indicated. The

available clinical information and evidence based guidelines would not support a medical necessity for the requested cold recovery system status post a recent two level lumbar revision procedure.