

<b>Case Number:</b>	CM13-0053851		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a 43 year old man who sustained a work-related injury on September 12, 2012; subsequently he developed chronic back pain. He was treated with chiropractic care, medications, and epidural injections. His MRI of the lumbar spine performed on July 5, 2013 demonstrated the mild degree of central stenosis at L4-L5. His physical examination demonstrated tenderness in the lumbar spine with reduced range of motion, reduced sensation in the left L5 and S1 distribution, positive Lasegue's test and positive straight leg raising on the left. The patient was diagnosed with the low back pain, lumbar radiculopathy, sciatica and lumbar sprain. The provider requested authorization for cold and hot therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOT AND COLD THERAPY UNIT FOR FOUR (4) MONTHS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 10/9/13) Cold/heat packs.

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

**Decision rationale:** According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze® cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient who was suffering from a chronic back pain. The therapy was approved during the acute post op setting to treat post op inflammatory swelling. There are no controlled studies supporting the use of hot/cold therapy in back pain. Therefore, the request for hot and cold therapy is not medically necessary.