

<b>Case Number:</b>	CM13-0056056		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/26/2005
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Occupational 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 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 applicant is a [REDACTED], [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on August 26, 2005. Thus far, the applicant has been treated with analgesic medications, steroid injections, a prior total knee arthroplasty, psychological counseling, prior lumbar laminectomy surgery, and extensive periods of time off work. On September 6, 2013, it is stated that the applicant is still requesting a lumbar spine surgery. The applicant is on Oxycontin, Norco, Flexeril, Prilosec, senna, MiraLax, and Lyrica, it is stated. It does not appear that the applicant was working. The applicant was hospitalized for two weeks between February 6, 2013 and February 20, 2013, for intractable low back pain. The applicant received injections during the hospitalization. A July 15, 2013 progress note is notable for comments that the applicant is having issues with weakness about the legs and is falling. The applicant weighs 300 pounds. The applicant is again placed off work, on total temporary disability. On December 9, 2013, the applicant again is described as having persistent low back pain without any relief through prior epidural steroid injection therapy. The applicant is asked to pursue further lumbar spine surgery while remaining off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**water circulating cold pad with pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, at-home local applications of heat and cold are as effective as those performed by therapist or, by implication, those delivered via high tech means. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary alongside the request for authorization so as to try and offset the unfavorable ACOEM recommendation. The attending provider has not clearly stated why simple, low tech applications of heat and cold such as those proposed by ACOEM will not suffice here, as opposed to the high-tech pad and pump requested. Therefore, the request remains not certified.