

<b>Case Number:</b>	CM13-0065073		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, 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 33-year-old male with date of injury of 11/02/2012. The listed diagnosis per [REDACTED] dated 10/10/2013 is lumbar radiculopathy. According to the progress report, the patient complains of excruciating back pain. He states that he is not able to get a good night's rest due to his pain. He also states that he is experiencing cramps in his bilateral lower extremities. He is unable to walk and uses a cane to ambulate. The examination of the lumbar spine shows the paravertebral muscles are tender. There are spasms present. The patient's lumbar range of motion is also restricted. Straight leg raise is positive bilaterally. Lastly, sensation is reduced in the left L5 dermatomal distribution. The Utilization Review denied the request on 11/13/2013. The treater is requesting a hot/cold therapy unit for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOT/COLD THERAPY UNIT FOR 30 DAYS RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low backs , 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), low backs , cold/heat packs and cryotherapy.

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting a hot/cold therapy unit for 30 days. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. On 08/02/2013, the treating physician has requesting a hot/cold therapy unit following an epidural steroid injection of the lumbar spine. The ODG guidelines do not support the use of mechanical circulating units for the treatment of generalized lumbar pain. At home application of hot/cold should be sufficient. Hot/cold therapy unit for 30 days rental is not medically necessary and appropriate