

<b>Case Number:</b>	CM13-0072154		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 64 year old male who reported an injury on 11/05/2009 secondary to unknown mechanism of injury. The diagnosis is 4 mm L3-4 and L5-S1 disc bulge. The injured worker was evaluated on 10/09/2013 for reports of low back pain. The exam noted low back spasms, positive straight leg raise and decreased sensation to L3-4 and L4-5. The treatment plan included lumbar epidural injections. There is no evidence of a request for authorization in the documentation provided.

### 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, PURCHASED ON OCTOBER 25, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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, Low Back Chapter, cold/heat packs.

**Decision rationale:** The request for water circulating cold pad with pump, purchased on October 25, 2013 is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend the use of cold/heat packs as an option for acute pain. The injured worker has been evaluated and treated for low back pain since at least 04/02/2013. This exceeds the time frame for the acute phase of the complaint. Therefore, the request is not medically necessary and appropriate.

**PAD WATER CIRCULATING HEAT UNIT REPLACEMENT FOR LOW BACK, PURCHASED ON OCTOBER 25, 2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, cold/heat packs.

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

**Decision rationale:** The request for pad water circulating heat unit replacement for low back, purchased on October 25, 2013 is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend the use of cold/heat packs as an option for acute pain. The injured worker has been evaluated and treated for low back pain since at least 04/02/2013. This exceeds the time frame for the acute phase of the complaint. Therefore, the request is not medically necessary and appropriate.