

<b>Case Number:</b>	CM14-0001187		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Pain Medicine, and is licensed to practice in California and Virginia. 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 51-year-old male who was injured on 05/26/2011. The mechanism of injury is unknown. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine without contrast dated 07/12/2013 demonstrates multilevel degenerative changes of the lumbar spine, more conspicuous at the L4-L5 and L5-S1 levels, with apparent neural foraminal narrowing at these levels, but no central canal stenosis. MRI of the cervical spine without contrast dated 07/12/2013 reveal multilevel degenerative changes of the cervical spine, more conspicuous at the C5-C6 level with apparent 3.0 mm broad-based posterior and left paracentral disc protrusion which is causing moderate to severe left lateral recess narrowing and moderate left neural foraminal narrowing; straightening of the cervical spine lordosis which might be due to muscle spasm or pain in this patient with multilevel degenerative changes. Progress report dated 12/12/2013 indicates the patient presents with cervical spine pain that is frequent and ranges from moderate to severe pain radiating to the bilateral upper extremities. He has lumbar spine pain that is constant, moderate to severe pain with radiculopathy to the bilateral upper extremities. On exam, he ambulates with an antalgic gait. He has left peroneal nerve neuropathy. There is cervical spine pain, spasm, and decreased range of motion. The remaining notes are illegible. Prior utilization review dated 12/24/2013 reports that a home therapy unit is not supported for home use to treat pain, spasms or inflammation; therefore request for authorization is denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME COLD THERAPY UNIT (PURCHASE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Continuous-flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Neck, Continuous-flow Cryotherapy.

**Decision rationale:** The CA MTUS does not specifically address the issue of dispute. As per Official Disability Guidelines (ODG), the continuous-flow cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The available recent medical records do not document any surgical history for the patient. Therefore, the medical necessity for home cold therapy unit has not been established according to the guidelines, and the request is non-certified.