

<b>Case Number:</b>	CM14-0006542		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery, 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 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 injured worker is a 56 year old male who reported an industrial related injury to the low back on 04/09/07. Clinical note dated 02/28/14 indicated the injured worker complaining of an increase in pain with bending, lifting, and stooping. Pain was located at the left gluteus and extending from the back. The documentation demonstrates the pain described as a dull aching sensation. The injured worker utilized Hydrocodone for pain relief. Upon exam the patient demonstrated 12 degrees of flexion and 20 degrees of extension. Tenderness to palpation and spasms were identified over left lumbar paraspinal musculature. The patient underwent physical therapy. In addition to Hydrocodone, the injured worker has been utilizing heat and ice for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) APPLICATION OF HEAT AND ICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COLD PACKS, HEAT THERAPY

**Decision rationale:** The request for continued application of heat and ice is not medically necessary. Clinical documentation indicates the employee complaining of ongoing low back pain. The use of cold packs and heat and cold packs is indicated for treatment of low back pain. However, the use of local applications of at home cold and heat is recommended over commercial products. Currently, no high quality studies exist supporting the use of commercial products over at home products. Given this, the request is not indicated as medically necessary.