

<b>Case Number:</b>	CM14-0108004		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 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 48-year-old female who reported injury on 12/20/2011. The diagnosis was lumbar strain and disc protrusion. The mechanism of injury was lifting. The prior treatments included physical therapy, chiropractic care, medications and a lumbar epidural steroid injection. The documentation indicated the injured worker was approved for an L5-S1 lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cryotherapy unit, post-operative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hot/Cold Packs.

**Decision rationale:** The ACOEM guidelines indicate at home local applications of cold packs in the first few days of an acute complaint are appropriate and thereafter the applications of hot and cold packs. The Official Disability Guidelines support the same treatment postoperatively. They do not recommend cryotherapy; they recommend hot and cold packs. The request as submitted

failed to indicate the duration frequency and whether the unit was for rental or purchase. Given the above, the request for cryotherapy postoperative unit is not medically necessary.