

<b>Case Number:</b>	CM14-0013668		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/25/1991
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Spine Surgery and is licensed to practice in New York. 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 with a date of injury of August 25, 1991. He has chronic back pain. X-ray show scoliosis of the spine. Patient has had previous surgery to include laminectomy from L3-L5. There is fusion at L3-4. Physical examination reveals L5-S1 hypoesthesia. His trace weakness of the EHL. His gait is antalgic. CT scan from December 2013 shows fusion mass at L3-4. There is retropulsion of bone graft at L4-5. Patient has been indicated for hardware removal and revision lumbar surgery. At issue is whether cold therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CTU (CRYOTHERAPY UNIT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Treatment Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** Cryotherapy is not medically necessary after lumbar spinal surgery. There is no medical evidence to support the use of cryotherapy improving functional outcomes after spinal surgery. Guidelines do not support the use of cryotherapy of the spinal surgery.