

<b>Case Number:</b>	CM14-0013774		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and California. 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 54-year-old with a reported date of injury on December 21, 2001. The worker was injured when he stood upright getting up off of a bleacher and noted a sharp pain in his back. An MRI dated November 26, 2013 noted multilevel circumferential disc bulges extending from the L1-L2 level to the L5-S1 level with mild right-sided foraminal stenosis at L1-L2 and L2-L3 and moderate bilateral foraminal stenosis at L3-L4 and L5-S1. The fatty endplate changes at the L2-L3, L3-L4 and L4-L5 levels with associated endplate irregularities. Multilevel facet arthropathy increasing in severity in the lower lumbar levels. The progress note dated December 18, 2013 physical examination reported positive straight leg raise, weakness of left ankle dorsiflexors, diminished sensation in the anterior tibial area extending to the dorsum of the left foot, reflexes were diminished and symmetrical. The request of authorization form dated January 22, 2014 was for hot/cold therapy unit with wrap for purchase due to stenosis, spondylosis, sciatica, and lumbar sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT:** 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 (Updated 12/27/13) 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 (ODG) Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** The injured worker is waiting for authorization for back surgery. The Official Disability Guidelines recommend cold packs as an options for acute pain. The evidence for the applications of cold treatment to low back pain is note limited than heat therapy, with only three poor quality studies located that support its use but studies confirm that it may be a low risk low cost option. There is minimal evidence support the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The injured worker's injury is chronic and it is unknown if he has had surgery at this time. The guidelines do not support cold therapy for back pain, therefore a cold therapy unit is not warranted. In addition, the request does not include a duration. The request for a cold therapy unit is not medically necessary or appropriate.