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| <b>Case Number:</b>   | CM14-0017005 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 02/02/2006 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 02/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Occupational Medicine and is licensed to practice in 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier multilevel cervical spine surgery; and transfer of care to and from various providers in various specialties. In a utilization review report dated February 3, 2014, the claims administrator approved a spinal bone growth stimulator, to be used postoperatively following planned lumbar fusion surgery. A cold therapy system and pad to deliver cold therapy system, conversely, were denied. The applicant's attorney subsequently appealed. In an August 16, 2013 progress note, the applicant was placed off of work, on total temporary disability. It was stated that the applicant was awaiting lumbar spine surgery at this point in time. In a later note dated May 23, 2014, the applicant was described as status post cervical spine surgery in October 2013 and status post lumbar spine surgery in January 2014. The applicant was pending postoperative physical therapy and was again placed off of work on total temporary disability. It appears that the cold therapy system and pad were endorsed via a request for authorization form January 18, 2014, i.e., the same date the applicant underwent L3 through S1 posterior spinal fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy system purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat or cold as part and parcel of self care and method of symptoms control for low back pain complaints, ACOEM does not, by implication, endorse the high-tech cold therapy system, which was sought here. The unfavorable MTUS recommendation in ACOEM Chapter 12 is echoed by that of the Third Edition ACOEM Guidelines, which also note that high-tech cryotherapy devices such as the cold therapy system being sought here are "not recommended" in the treatment of low back pain. No compelling rationale was provided to offset the unfavorable MTUS and ACOEM recommendations. Therefore, the request is not medically necessary.

**PAD for cold therapy system purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** This is a derivative request, associated with the cold therapy system purchase sought above. Since that request was deemed not medically necessary, the derivative request for a pad for cold therapy system is likewise not medically necessary.