

<b>Case Number:</b>	CM14-0019769		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 claimant is a 59-year-old gentleman who injured his low back in a work related accident on March 15, 2012. The records provided for review include a clinical assessment dated January 29, 2014 noting low back complaints. Physical examination was documented as diminished range of motion, tenderness to palpation and no documentation of neurologic findings. The claimant was diagnosed with a chronic musculoligamentous sprain/strain. There was notation of prior treatment including facet joint injections. The recommendations for a lumbar rhizotomy at the L4 through S1 level and purchase of a hot/cold therapy unit following the procedure were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF HOT/COLD 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 11th Edition (Web) 2014 Treatment Section For The Spine and Low Back Under The Heading of Cold Packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, combination hot/cold therapy unit in this case would not be indicated. ACOEM

Guidelines recommend the topical application of cryotherapies. The Official Disability Guideline criteria indicate that combination therapy systems are with no indication of high published clinical trials to support their long term efficacy or benefit. While ODG Guidelines can support the role of compressive cryotherapy in certain settings following surgical intervention, the request in this case for a combination therapy device following a lumbar rhizotomy would not be indicated. The request is not medically necessary and appropriate.