

<b>Case Number:</b>	CM14-0132402		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/23/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Pennsylvania. 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 48-year-old male who was injured on 05/23/07. The medical records provided for review document that the claimant fell off of a forklift and sustained multiple complaints of neck pain, upper back pain, low back pain, and arm and leg pain. The medical records specific to the claimant's low back note chronic complaints of pain. The 07/16/14 progress report identified weakness of the lower extremities with great toe extension and EHL testing with sensory deficit to the lower extremities. Recommendations at that time were for an L4-5 decompression and fusion with instrumentation. This review is for purchase of a cryotherapy unit to be used in the postoperative setting.

### 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:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 2013 Updates; 18th Edition; Low Back Chapter; cold/heat packs. Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is

superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more 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. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function.

**Decision rationale:** The ACOEM Guidelines and the Official Disability Guidelines do not recommend the use of a cold therapy device following a fusion procedure. The ACOEM Guidelines only recommend the at home application of cold packs for the first few days during an acute complaint. The Official disability Guidelines do not recommend the use of cold therapy due to the lack of scientific evidence supporting its effectiveness. Therefore, the use of a cold therapy unit would not be medically necessary.