

<b>Case Number:</b>	CM14-0154716		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66-year-old male with date of injury of 02/11/2012. The listed diagnoses per [REDACTED] from 08/19/2014 are: 1. Lumbar disk protrusion. 2. Lumbar radiculitis. 3. RSD. 4. Left toe amputation. According to this report, while performing his usual and customary duties, a forklift ran over his left foot and his toe was amputated. He sustained injuries to his left foot and lower back. The patient complains of left foot/toe pain at 8/10. He also complains of low back pain at a rate of 5/10. The examination from the 07/14/2014 report by [REDACTED] show range of motion elicits 1+ pain on dorsiflexion, inversion, and eversion of the left ankle/foot. There is hyperalgesia in the area around the amputated stump of the big toe. Some change and discoloration of the area of the foot as compared to the rest of the foot. Pain in the lumbar facets at L4-L5, L5-S1 with decreased forward flexion, extension, and lateral bending bilaterally. There is a well-healed scar in the lumbar spine. Exquisite pain in the facet at L2-L3, L3-L4 of 2+ pain, 1+ pain at L4-L5, L5-S1 on the left side more than the right. The patient uses a cane to ambulate. Straight leg raise is negative. Patrick's/FABERE's is positive on the left. The documents include progress reports from 03/07/2014 to 08/19/2014. The utilization review denied the request on 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Therapy:** 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

**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 on Hot/Cold packs

**Decision rationale:** This patient presents with left ankle/foot and lumbar spine pain. The treater is requesting a MOTORIZED COLD THERAPY. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines recommend at-home, local applications of cold pack in the first few days of acute complaints; thereafter, application of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The records show that the patient was recommended a continuous-flow cryotherapy on 08/19/2014 for the patient's lumbar spine pain. The ODG Guidelines do not support the use of mechanical circulating units for the treatment of generalized lumbar pain. At-home application of hot/cold should be sufficient. Recommendation is for denial.