

<b>Case Number:</b>	CM14-0177481		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 50 year old male who sustained a work injury on 6-14-13. Office visit on 10-1-14 notes the claimant the claimant has obvious L5 spondylolysis grade I measured at 7.2 mm in extension and 5.19 mm in forward flexion. The claimant continued with chronic low back pain noting 30% back pain and 70% right leg radiculopathy. He has frequent numbness and tingling. The claimant had right L5-S1 hypesthesia, trace weakness in right EHL. There is slight antalgia in the right lower extremity both toe and heel walk. There was a recommendation for L5-S1 anterior interbody fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative cold therapy unit - purchase for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter - 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:** Official Disability Guidelines (ODG) notes that cold packs are recommended for acute pain. There is an absence in documentation noting that this claimant needs specialized equipment for the application of cold therapy or that the purchase of a unit is medically indicated. Therefore, the medical necessity of this request is not established.