

<b>Case Number:</b>	CM14-0183588		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 October 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; epidural steroid injection therapy; earlier lumbar laminectomy surgery in September 2012; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for a hot and cold unit. The claims administrator stated that it was basing its decision on "many sections" of ODG but did not incorporate any ODG Guidelines into the body of its report or rationale. The applicant's attorney subsequently appealed. The hot and cold unit was sought via an Order Form/Request for Authorization (RFA) Form dated October 27, 2014, in which a hot and cold unit was sought along with a lumbar brace. In an earlier note dated August 11, 2014, the applicant reported ongoing complaints of low back pain with ancillary complaints of NSAID-induced gastritis. The applicant's complete medication list was not attached. The applicant also reported complaints of difficulty sleeping. A hot and cold contrast unit and a back brace were endorsed. The applicant was permanent and stationary and did not appear to be working with said permanent limitation in place. Laboratory testing, facet injections, physical therapy, and Ambien were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Therapy Unit Pad/Wrap Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hold and Cold Treatments

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd. edition, Low Back Chapter, Cryotherapies.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does acknowledge that simple, low-tech, at-home local applications of heat and cold are "recommended" as methods of symptom control for low back pain complaints, as are present here, by implication, ACOEM does not endorse high-tech, elaborate devices to deliver cryotherapy and/or heat therapy, as are being sought here. Similarly, the Third Edition ACOEM Guidelines more explicitly state that high-tech devices to deliver cryotherapy are "not recommended" for the treatment of low back pain. Here, the attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.