

<b>Case Number:</b>	CM14-0021569		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/18/2000
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 45 year old with an injury date of 4/18/00. Based on the 1/29/13 progress report provided by [REDACTED] the diagnoses are lumbar disc disease and right sacroiliac joint arthropathy. An exam of the lumbar spine on 1/29/13 showed antalgic gait on the right, normal lordosis, and diffuse tenderness to palpation over paravertebral musculature. There was sacroiliac tenderness positive on the right, and the lumbar spine range of motion was within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOT/COLD UNIT RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** This patient presents with constant stiffness and shooting sharp lower back pain over the sacroiliac joint, radiating to buttocks down to right knee. The treating physician has requested a hot/cold unit rental and concurs with [REDACTED] recommendation of cryotherapy per

the 1/29/14 report to decrease swelling and inflammation, to reduce the need for pain medications, and to be used while sleeping. Regarding more complicated cold therapy units, the Official Disability Guidelines do not show any research to prove any additional benefit over conventional ice bags or packs. In this case, the requested hot/cold unit rental is not recommended for chronic pain, only indicated for post-operative care for knee and shoulder. As such, the request is not medically necessary.