

<b>Case Number:</b>	CM14-0039864		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain 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:

This is a 37-year-old male with a 10/02/12 date of injury. His low back was injured when he was rear-ended by another vehicle. X-rays L5-S1 disc space narrowing, spondylosis at L3-S1. MRI findings include mild lumbar spondylosis and L3-L4, L4-L5, L5-S1. 3-mm posterior osteophyte at L5-S1. Patient describes cervical pain at the 9/10, low back pain and 8/10, radiating into the leg. Objective on 02/24/14: Positive bilateral Fabere, positive Spurling. Tenderness of cervical spine on palpation, limited ROM in lumbar spine due to pain. Patient unable to walk without supportive device. Diagnosis include low back pain with left lower extremity radiculitis with HNP L5-S1 with some spondylosis L3 to S1; MVA with Left C-T strain; sleep disturbance because of pain. It has been determined that the patient is not a candidate for surgery and should be treated with a series of 3 lumbar ESI as he had excellent relief from the first injection. Medications include Vicodin and Ibuprofen. The request is for cold therapy unit for low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit for 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on on the Non-MTUS ODG, Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Previous adverse determination dated 03/19/14 was reviewed. The ODG Low Back chapter recommends cold packs as an option for acute pain, specifically in the first few days of complaint. Also continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. There is also limited information to support active versus passive units. It is unclear why this patient requires a cold therapy unit as there is no indication that he underwent surgery or that his pain began a few days ago. The request is not medically necessary.