

<b>Case Number:</b>	CM14-0042622		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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 injured worker is a 52-year-old who reported an injury on April 21, 2010. The mechanism of injury was a trip and fall. The documentation indicated the injured worker was scheduled for a L5-S1 decompression and removal of interspinous space with exploration of fusion on March 12, 2014. The surgical intervention was approved. The current diagnoses include status post L5-S1 anterior and posterior fusion on April 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech Cold Therapy Recover System with wrap for a 35 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that at home local applications of heat or cold are appropriate. There was a lack of documentation of exceptional factors to warrant the necessity for a Q-Tech cold therapy recover system with wrap. Additionally, the request as submitted failed to indicate the body part to be

treated with the wrap. Given the above, the request for Q-Tech cold therapy recover system with wrap for a 35 day trial is not medically necessary or appropriate.