

<b>Case Number:</b>	CM14-0046645		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 49 year-old male. The patient's date of injury is 7/30/2013. The mechanism of injury was rear-end van accident, which caused head and back injury. The patient has been diagnosed with Brachial Neuritis or radiculitis NOS, carpal tunnel syndrome, and degenerative thoracic/thoracolumbar intervertebral disc. The patient's treatments have included physiotherapy, activity modification, application of cold and ice, use of lumbar support, imaging studies, chiropractors, TENS unit, and medications. The physical exam findings, dated 12/02/2013 show in the thoracic spine, a bilateral tenderness at levels T8-T10. Active range of motion was noted to be at 45 degrees with flexion and rotation to 30 degrees. The patient's medications have included, but are not limited to, steroid injections, Omeprazole, Naproxen and Cyclobenzaprine. The request is for a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG, Low Back, Lumbar and Thoracic, Cold/Heat Pack.

**Decision rationale:** MTUS and other treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a cold therapy unit. MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. According to the clinical documentation provided and current MTUS guidelines; a cold therapy unit is not indicated as a medical necessity to the patient at this time.