

<b>Case Number:</b>	CM14-0081997		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 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 49-year-old male who reported an injury on 10/19/2011 when his left ring finger got caught on a metal door on a container. On 03/10/2014, the injured worker presented with persistent low back pain, left hand/ring finger, and bilateral shoulder pain. Upon examination, tenderness noted to the lumbar facet joints and with spasm and bilateral posterior superior iliac worse on the left side. There was also spasm and stiffness noted over the paraspinal musculature. There was also tenderness to palpations with spasm over the upper trapezius muscles and rhomboids bilaterally, and tenderness to palpation of the bilateral AC and GH joints. Diagnoses were lumbar strain/sprain, cervical spine strain/sprain, bilateral shoulder sprain/strain, clinical impingement, and left ring finger fracture status post repair. Prior therapy included medications. The provider recommended a hot/cold pack wrap for the cervical and/or lumbar spine. The provider's rationale was not provided. The Request For Authorization is not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold pack/wrap for the cervical and/or lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298-300,.

**Decision rationale:** The request for hot/cold pack wrap for the cervical and/or lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state that applications of heat or cold as effective as those performed by therapists. There is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. As the guidelines state there is no high scientific evidence to support the effectiveness of heat/cold applications and heat/cold applications could be applied at home, a hot/cold pack wrap for the cervical and/or lumbar spine is not warranted. Additionally, the request does not specify what type of hot/cold pack wrap is being requested. As such, the request is non-certified.