

<b>Case Number:</b>	CM13-0008877		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/10/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 10, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 3, 2013, the claims administrator denied a hot-cold therapy unit. The claims administrator referenced an RFA form of June 10, 2013 in its determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On February 3, 2013, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, shoulder pain, wrist pain, low back pain, and knee pain. The hot-cold therapy device at issue was endorsed on several occasions, including the RFA forms dated March 18, 2013, and March 19, 2013, as well as in June 2013. It was stated the device in question was intended for the low back, which is framed as the applicant's primary pain generator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Therapy Unit For Home Use (Replacement): 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), treatment Index, 5th edition , 2007, Arm and Hand-Cold , Heat.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM V.3 Low Back Treatments Hot and Cold Therapies Cryotherapies Recommendation: Routine Use of Cryotherapies for Treatment of Low Back Pain Routine use of cryotherapies in health care provider offices or home use of a high-tech device is not recommended for treatment of low back pain. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable. Strength of Evidence-Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the hot and cold therapy replacement unit for home use was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, as were present here, by analogy and implication, ACOEM does not support more elaborate, high-tech devices for delivering cryotherapy and/or heat therapy, as was proposed here. The Third Edition ACOEM Guidelines take a stronger position against usage of high-tech devices for delivering cryotherapy, explicitly noting that such devices are not recommended. Here, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.