

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0121644 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 01/17/2012 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 07/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/01/2014 |

### 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. 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 71-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 17, 2012. In a Utilization Review Report dated July 20, 2014, the claims administrator failed to approve a request for postoperative cryotherapy for one month. The claims administrator referenced a July 10, 2014 progress note in its determination. The claims administrator suggested that the applicant was pending a cervical fusion surgery and that the request in question represented a request for postoperative cryotherapy following planned cervical fusion surgery. On July 10, 2014, the applicant consulted a spine surgeon, who did, in fact, seek authorization for a multilevel, C3-C7 cervical fusion procedure. Postoperative cryotherapy for one month, an assistant surgeon, a preoperative medical clearance, a bone stimulator, and TENS unit were endorsed. The applicant was apparently asked to return to work with restrictions in the interim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Cryotherapy (1 month at 3-5 times a day): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Occupational Disorders of the Neck and Upper Back - Continuous-flow cryotherapy.

**Decision rationale:** The MTUS does not address the topic of postoperative cryotherapy. However, ODG's Neck Chapter Continuous Flow Cryotherapy notes that continuous flow cryotherapy is not recommended in the neck, i.e., the body part at issue here. Here, the attending provider did not, furthermore, furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ODG position on the article in question. Therefore, the request was not medically necessary.