

<b>Case Number:</b>	CM14-0189423		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine 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:

According to the records made available for review, the injured worker is a 35 year-old female with a date of injury of 08/17/2013. The injury occurred when she lifted a large 5-gallon bucket of paint and felt immediate low back pain with numbness extending down into the right leg and foot. According to the treating physician's progress note, dated 08/12/2014, the patient complained of severe and debilitating lower back stiffness and pain which radiates down the right leg. On 06/13/2014, the treating physician also noted that the injured worker has been unresponsive to increasing doses of narcotic pain medications, pain patches, and muscle relaxants. Physical examination, as noted by the treating physician, lists significant extensor hallucis longus and dorsiplantar flexion weakness, at 3/5, and walking with the use of a cane. As well, the injured worker has been under the care of a pain management specialist. Medications, per reports dated 06/17/2014 and 08/12/2014, have included Ibuprofen, Flexeril, Norco, Tramadol, and Lidoderm. According to the progress note dated 08/07/2014, the treating physician reports that he continues with conservative measures to treat the injured worker, as the requested surgical intervention has been denied. At the time of this review, the request for the lumbar spinal surgery is pending the IMR process. Currently and under this review, request is being made for Post-operative cold therapy unit with pad for the lumbar spine. Diagnostic impression: L5-S1 lumbar radiculopathy and lumbar stenosis/spondylosis. Treatment to date: medications, epidural steroid injections, and physical therapy. On 10/24/2014, Utilization Review non-certified a prescription for post-operative cold therapy unit with pad for the lumbar spine. Utilization Review non-certified a prescription for Post-operative cold therapy unit with pad for the lumbar spine based on the use of the cold therapy unit not being addressed by the guidelines, or the guidelines not supporting the use of this device following back surgery. The Utilization Review cited the CA MTUS, ACOEM, and the ODG for criteria for medically necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op cold therapy unit with pad for the lumbar spine:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Cold Therapy Unit

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter - Cryotherapy Peer-reviewed literature: 'A randomized prospective study to assess the efficacy of two cold-therapy treatments following carpal tunnel release' (<http://www.ncbi.nlm.nih.gov/pubmed/11511016>)

**Decision rationale:** CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Specifically, peer-reviewed literature concludes that after surgery, the use of continuous flow cryotherapy, compared with traditional ice therapy, provides patients with greater comfort and lessens the need for narcotics. However, in the present case, it is noted that the initial surgical procedure has been denied. As a result, this associated surgical service cannot be substantiated. In addition, the duration of use of the cold therapy unit was not specified in this request. Therefore, the request for Associated surgical service: Post-op cold therapy unit with pad for the lumbar spine was not medically necessary.