

<b>Case Number:</b>	CM14-0189932		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/17/2014
<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 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 underlying date of injury in this case is 04/20/2012. The date of the utilization review under appeal is 10/17/2014. On 09/19/2014, the patient was seen in primary treating physician followup. The patient was noted to have constant axial low back pain radiating to the right lower extremity as well as neck pain with radiating right arm pain. Overall, the patient's diagnoses included possible lumbar discogenic pain and possible lumbar facet pain as well as resolved right lumbar radicular pain and cervical sprain referred from the lumbar spine. Treatment plan included Flexeril, Ultracin, and tramadol. Request has been made as well for hot/cold therapy unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold therapy unit rental x2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** ACOEM Guidelines Chapter 3, treatment page 48, recommends the use of passive modalities, such as heat and cold, for temporary relief of symptoms early in the course of

an injury. Such treatment, including durable medical equipment for hot or cold is not recommended by the guidelines, particularly beyond the initial acute phase. This request is not medically necessary. ary.

**Hot/cold therapy pad/wrap purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This request appears to be an accessory to a request for a hot/cold therapy unit. Since the hot/cold therapy unit has been deemed to be not medically necessary, it follows that related accessories are not medically necessary.