

<b>Case Number:</b>	CM14-0206978		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Internal Medicine, has a subspecialty in Geriatrics, and is licensed to practice in New York. 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 47 year old man with a date of injury of 10/9/14 after lifting a popcorn machine. He was seen for an orthopedic spine consultation on 11/11/14. He complained of low back, right buttock and leg pain, numbness and weakness. A lumbar MRI showed a large extruded herniation at L3-4 with right L3 nerve root impingement. He had small left sided foraminal protrusion at L4-5 with mild stenosis and a small right paramedian protrusion at L5-S1 without stenosis. His exam showed difficulty with heel walking with partial foot drop. Femoral stretch test and straight leg raise test were positive on the right. He had complete absence of the right quad reflex and decreased sensation in the anterior lateral thigh to the knee and right quad weakness. He had full range of motion. His diagnosis was lumbosacral strain, large extruded herniation at right L3-4 and right radicular pain and neurologic deficit. The plan was to proceed with surgery. At issue in this review is the request for a Hot/Cold therapy unit with wrap for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold therapy unit with wrap for purchase:** 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 in Worker's Compensation (TWC), Low Back Procedures Summary, (last update 08/22/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-310.

**Decision rationale:** This injured worker has back and leg pain with possible upcoming/anticipated surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the hot/cold therapy unit is for the current state or the potential upcoming post-surgical state. Also, it is not clear why the application of ice or hot packs cannot be used instead of a hot/cold therapy unit. The medical necessity for a hot/cold therapy unit is not substantiated in the records. Therefore, this request is not medically necessary.