

<b>Case Number:</b>	CM15-0008292		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 63 year old female, who sustained an industrial injury, April 2, 2001. The injured worker's chief complaint was lower back pain with radiation down the lower extremities, neck and right shoulder pain. The injured worker was diagnosed with status post laminectomy syndrome with radiculopathy, degenerative disc disease, degenerative joint disease and lumbar spondylosis. The injured worker had supportive treatment of L5-S1 fusion and decompression 2001, diagnostic testing, status post laminectomy of L5, Hydrocodone, Lyrica, laboratory studies, electromyography and nerve conduction studies. On December 19, 2014, the treating physician requested cold therapy unit for 14 days, for postsurgical care from removal of hardware from the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit (14 days):** 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 Workers' Comp, 19th edition (web)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Cold/heat packs

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as cold therapy unit as cold packs is a low risk cost option. Therefore the determination is for non-certification.