

<b>Case Number:</b>	CM15-0103129		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/26/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Emergency 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 injured worker (IW) is a 50 year old female who sustained an industrial injury on 08/26/2001. The initial injury report is not found in the records received. The injured worker was diagnosed as spinal stenosis of lumbar, post lumbar fusion (2002). The worker also had a laminectomy prior to the 2001 injury. Treatment to date has included medications, epidural steroid injections (04/03/2014), aqua therapy and activity modifications. In the provider notes of 03/17/2015, the injured worker complains of pain in the back radiating to the right buttock, and pain from gastritis. Active voluntary range of motion was limited by back pain. Forward flexion was 20 degrees, extension 5-10 degrees, and lateral bending was limited to 5 degrees. Straight leg raising test was mildly positive on the right, and negative on the left. Motor exam was normal in all major muscle groups of the lower extremities. Hip range of motion was full bilaterally. The worker's X-rays were reported to show segmental breakdown above the level of her fusion. The treatment plan includes continuation of the medications hydrocodone and omeprazole with a potential of possible surgery, and use of heat and cold for pain relief. A request for authorization is submitted for: Hot/cold therapy unit, unknown purchase of rental with purchase of Hot/cold therapy wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold therapy unit, unknown purchase of rental with purchase of Hot/cold therapy wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The requested Hot/cold therapy unit, unknown purchase of rental with purchase of Hot/cold therapy wrap, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back. Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has pain in the back radiating to the right buttock, and pain from gastritis. Active voluntary range of motion was limited by back pain. Forward flexion was 20 degrees, extension 5-10 degrees, and lateral bending was limited to 5 degrees. Straight leg raising test was mildly positive on the right, and negative on the left. Motor exam was normal in all major muscle groups of the lower extremities. Hip range of motion was full bilaterally. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Hot/cold therapy unit, unknown purchase of rental with purchase of Hot/cold therapy wrap is not medically necessary.