

<b>Case Number:</b>	CM15-0109383		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Preventive Medicine, Occupational 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 is a 64 year old male, who sustained an industrial injury on 09/19/2013. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having lumbar discopathy and cervical discopathy. Treatment and diagnostics to date has included cervical spine x-rays which showed spondylosis, lumbar spine MRI showed disc space height collapse, disc herniations, and annular tearing, electromyography/nerve conduction velocity studies which showed chronic L5 nerve root irritation on the right side, and medications. In a progress note dated 01/12/2015, the injured worker presented with complaints of low back pain with radiation into the lower extremities and cervical spine pain with radiation into the upper extremities. Objective findings include lumbar and cervical spine tenderness and tingling and numbness in upper and lower extremities. The treating physician reported requesting authorization for the purchase of an ice unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice Unit 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).

**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 Knee - Continuous cooling units.

**Decision rationale:** MTUS Guidelines do not directly address this issue. ODG Guidelines address this issue in detail. The Guidelines support hot or cold packs for spinal pain. However, the Guidelines specifically stated that continuous cooling units are only indicated for short term (7 days) use after surgery. There are no recommended for care of chronic musculoskeletal conditions. There are no unusual circumstances to justify an exception to Guidelines. The Ice unit purchase is not supported by Guidelines and is not medically necessary.