

<b>Case Number:</b>	CM15-0135878		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old woman sustained an industrial injury on 7/3/2013. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy and cervical discogenic pain. Treatment has included oral medications and lumbar epidural steroid injections. Physician notes on a PR-2 dated 2/4/2015 show complaints of low back and neck pain. Recommendations include cervical epidural steroid injection, purchase of post-injection motorized cold therapy unit, and follow up after injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy unit for purchase for post (epidural steroid) injections:** 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), Online Version, Neck, Cryotherapy/Cold Packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for Motorized cold therapy unit for purchase for post (epidural steroid) injections, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home during the initial post-procedure period. In the absence of such documentation, the currently requested Motorized cold therapy unit for purchase for post (epidural steroid) injections is not medically necessary.