

<b>Case Number:</b>	CM15-0188168		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained an industrial injury 01-25-10. A review of the medical records reveals the injured worker is undergoing treatment for chronic intractable axial lower back pain with radiating left leg pain. Rule out lumbar instability, clinical kyphosis with severe lower back pain and left leg pain with weakness in the left leg, rule out lumbar stenosis, mild compression deformity fractures of L1-L3, persistent lumbago, left lumbar radiculopathy, chronic pain syndrome with chronic opioid tolerance, and chronic reactive clinical depression secondary to chronic pain. Medical records (08-20-15) reveal the injured worker complains of severe back pain in the low back and lower thoracic region and left leg pain all the way down to his foot with associated numbness all the way down to his foot. The physical exam (08-20-15) reveals kyphosis in the lower lumbar spine, a limping and antalgic gait, and moderated to severe tenderness to palpation of the lower lumbar spine. Lumbar spine range of motion is limited. Paresthesias and dysesthesias of the buttocks and thigh and down to the foot are noted. Prior treatment includes physical therapy, injections, medications, and lumbar surgery. The treating provider reports the plan of care is an anterior lumbar interbody fusion at L2-5 with open reduction at these levels followed by anterolateral fusion at L1-2 with associated services including a cold compression unit. The original utilization review (09-14-15) non certified the request for setup and delivery of the cold compression unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Set-Up and Delivery:** 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), Knee and Leg, Durable medical equipment (DME); Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 17.

**Decision rationale:** According to the guidelines, there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. In many case such as knee surgery a cold therapy may be used post-operatively for 7 days. In this case, the request was for a 30 day post-operative cold therapy unit. Since the length of time of use exceeds standard time frame and it is not very helpful for those with lumbar disease, the request for set-up and delivery of the unit is not medically necessary