

<b>Case Number:</b>	CM15-0191786		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Connecticut, California, Virginia  
 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 57 year old female, who sustained an industrial injury on 5-22-2014. The injured worker is being treated for post laminectomy syndrome and right radiculitis. Treatment to date has included surgical intervention (lumbar fusion L4-5, 2-27-2015), diagnostics, functional restoration program, postoperative physical therapy, transforaminal epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker presented for follow-up. She reported continuation of right leg pain, sacroiliac joint pain and tailbone pain. Repeat magnetic resonance imaging (MRI) on 6-13-2015 was described as "unchanged." Objective findings included tenderness to the lumbar midline and paraspinal area with spasm. There was facet tenderness noted, along with sacroiliac joint tenderness and sciatic notch tenderness on the right. Work status was return to modified work on 9-16-2015. The plan of care included a home exercise program. Authorization was requested on 9-24-2015 for an ice pack, yoga mat and stretch strap for home exercise program (indefinite use). On 9-28-2015, Utilization Review non-certified the request for ice pack for home exercise program (indefinite use).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice pack for home exercise program (indefinite use): 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), Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg, cold/heat packs.

**Decision rationale:** The Official Disability Guidelines address the use of cold/heat packs as therapy and recommend it as an option for acute pain. In this case, however, given the chronicity, even in a flare, this may not be the most effective modality. At-home local applications of cold packs is recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs is appropriate. In this case, it is unclear why a purchased device is more beneficial than a home application; therefore, the request is not considered medically necessary at this time.