

<b>Case Number:</b>	CM15-0025439		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 22, 2001. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve a request for motorized cold therapy unit. A January 2015 progress note was noted. It was suggested that the request for cryotherapy device for the low back pain. The applicant was status post knee surgery on October 29, 2014, the claims administrator contented and also had received an epidural steroid injection on October 20, 2015. The applicant's attorney subsequently appealed. On January 8, 2014, the applicant reported persistent complaints of low back and knee pain, Norco and motorized cold therapy unit/cryotherapy device were endorsed. It was suggested (but not clearly stated) that the cryotherapy device was intended for low back pain. The applicant's work status was not furnished, although the applicant did not appear to be working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Therapy Unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM V.3, Low Back Treatments, Hot and Cold Therapies, Cryotherapies Recommendation: Routine Use of Cryotherapies for Treatment of Low Back Pain Routine use of cryotherapies in health care provider offices or home use of a high-tech device is not recommended for treatment of low back pain. However, single use of low-tech cryotherapy (ice in a plastic bag) for severe exacerbations is reasonable. Strength of Evidence-Not Recommended, Insufficient Evidence (I)

**Decision rationale:** No, the motorized cold therapy unit was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as methods of symptom control for low back pain complaints, as were present here, by implication/analogy, ACOEM does not recommend more elaborate, high-tech devices for delivering cryotherapy, as was proposed here. The Third Edition ACOEM Guidelines take a stronger position against such devices, explicitly noting that devices are deemed "not recommended." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale which would support high-tech devices for delivering cryotherapy in the face of the unfavorable ACOEM positions on the same. Therefore, the request was not medically necessary.