

<b>Case Number:</b>	CM15-0221930		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 26 year old female, who sustained an industrial injury on July 3, 2013. The injured worker was undergoing treatment for lumbar spine discogenic and multilevel disc protrusion. According to progress note of September 28, 2015, the injured worker's chief complaint was low back pain with muscle spasms and cramps. The pain radiated into the bilateral lower extremities greater on the left than the right. The objective findings were tenderness with palpation of the lumbar spine at L5-S1. There was decreased range of motion flexion of 20 degrees and extension of 10 degrees. The straight leg raises were positive to the bilateral lower extremities. The injured worker previously received the following treatments Percocet, physical therapy, home exercise program, Flexeril, Omeprazole, Menthoderm cream, Tramadol, functional capacity evaluation and IF Unit (interferential current stimulation unit). The RFA (request for authorization) dated September 28, 2015; the following treatments were requested a motorized hot and cold unit. The UR (utilization review board) denied certification on October 21, 2015; for a motorized hot and cold unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized hot and cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

**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/ Hot and cold unit.

**Decision rationale:** The IW is a 26 year old woman who sustained an industrial low back injury on 7/3/2015. She complains of low back pain that radiates into the bilateral lower extremities left worse than right. Physical exam notes tenderness along the lumbar and sacral paraspinal muscles. Treatment has included physical therapy, Vicodin and Flexeril. MRI demonstrated mild degenerative disc disease at L3-S1. There was mild right neural foraminal stenosis at L4-5. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Low Back chapter on Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. In this case, the ODG guidelines do not recommend mechanical circulating units over passive hot/cold therapy. In addition, the IMR does not specify the duration of the request. The request IS NOT medically necessary.