

<b>Case Number:</b>	CM15-0034117		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 8/10/10. He has reported pain in the neck and back related to an eight foot fall off a ladder. The diagnoses have included cervical radiculitis, chronic low back pain and left shoulder pain. Treatment to date has included cervical MRI, TENs unit, status post clavicle ORIF, physical therapy and oral medications. As of the PR2 dated 12/3/14, the injured worker reports muscle spasms in the upper and low back. He is going to see a surgeon for a second opinion and a psychologist. The treating physician requested a DME-cold therapy unit. On 2/5/15 Utilization Review non-certified a request for a DME-cold therapy unit. The utilization review physician cited the MTUS and ODG guidelines. On 2/24/15, the injured worker submitted an application for IMR for review of a DME-cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME- cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Continuous cold cryotherapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, continuous flow cryotherapy is not medically necessary. Continuous flow cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery but not for nonsurgical treatment. Post-operative use may be for up to seven days, including home use. In this case, the injured worker's working diagnoses or displacement cervical intervertebral disc without myelopathy; Schmorl's nodes lumbar region; the generation of lumbar or lumbosacral intervertebral disc. Subjectively, in a progress note dated November 13, 2014, the injured worker presented for definitive treatment. Objectively, the injured worker has tenderness in the mid-cervical spine bilaterally. MRI showed broad-based disc bulge at C3 - C4 and C5 - C6 levels without significant stenosis. The C4 - C5 level has a four - 5 mm broad-based disc extrusion causing right greater than left foraminal stenosis and flattening of the spinal cord. The treating physician requested a cold therapy unit in the immediate postoperative period for TDA of the cervical spine. Continuous flow cryotherapy is not recommended in the neck. The guidelines are specific in terms of non-recommendation for the continuous flow cryotherapy unit the neck. Consequently, absent guideline recommendations for continuous flow cryotherapy cervical spine, continuous flow cryotherapy is not medically necessary.