

<b>Case Number:</b>	CM15-0056545		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Texas

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 42 year old female, who sustained an industrial injury on October 16, 2013. She reported mid and low back pain. The injured worker was diagnosed as having anxiety, thoracic pain and lumbago. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of mid and low back pain radiating into the bilateral lower extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 28, 2015, revealed continued pain. The plan included a hot and cold unit for purchase and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** The injured worker is a 42 year old female, who sustained an industrial injury on October 16, 2013. She reported mid and low back pain. The injured worker was diagnosed as having anxiety, thoracic pain and lumbago. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of mid and low back pain radiating into the bilateral lower extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 28, 2015, revealed continued pain. The plan included a hot and cold unit for purchase and continued medications.