

<b>Case Number:</b>	CM15-0059555		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 47-year-old male injured worker suffered an industrial injury on 09/20/2013. The diagnoses included lumbar facet syndrome, lumbar discopathy and right sacroiliac arthropathy. The injured worker had been treated with nerve blocks and medications. On 2/17/2015, the treating provider reported low back pain 6/10 and unchanged. The nerve blocks afforded him relief for 3 weeks and he was able to discontinue his medications. The treatment plan included Hot/Cold Contrast System in anticipation of the rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Contrast System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161-162.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg 257 Low Back pain/neck pain complaints Page(s): 257 Low Back pain/neck pain complaints.

**Decision rationale:** This review is to determine the medical necessity of a hot cold contrast system. California MTUS guidelines state, "At-home local applications of cold packs during first

few days of acute complaints; thereafter, applications of heat packs." Heat and cold packs can be applied at home just as well as in the office setting, and home application is lower cost. There is no high quality literature documentation of the superiority of a hot cold contrast system over typical readily available hot and cold applications. The medical necessity of this request is not established.