

<b>Case Number:</b>	CM15-0089157		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, New York, 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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 8, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for motorized cold therapy unit purchase. An RFA form received on April 8, 2015 was referenced in the determination, as was an associated progress note of March 25, 2015. The applicant's attorney subsequently appealed. On March 25, 2015, Norco, a motorized cold therapy unit, and epidural steroid injection therapy were endorsed for ongoing complaints of low back pain. The applicant's work status was not clearly outlined on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation 968 ACOEM Occupational Medicine

Practice Guidelines, Chronic Pain, 3rd ed:4. Recommendation: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices for Any Chronic Pain Condition Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the proposed motorized cold therapy unit purchase was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline 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/are present here, by analogy, the MTUS Guideline in ACOEM Chapter 12 does not support more elaborate, high-tech devices for delivering cryotherapy. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against some high-tech devices such as the article in question, explicitly noting that such devices are "not recommended." Here, the attending provider failed to furnish a compelling applicant-specific rationale to support provision of the device in the face of the unfavorable ACOEM positions on the same. Therefore, the request was not medically necessary.