

<b>Case Number:</b>	CM13-0034853		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 23-year-old gentleman who was injured in a work related accident on January 18, 2011 sustaining injury to the low back. The clinical records indicate a recent August 15, 2013 assessment with [REDACTED] indicating ongoing complaints of discomfort describing a physical examination with tenderness over the facet joints and increased pain with motion to the lumbar spine. It states he had a prior facet rhizotomy due to diagnostic facet mediated pain. There is a current request at present for a 35 day rental of a cold/compressive therapy wrap for the lumbar spine for home use for the claimant's above mentioned diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**35 day rental of a Dynamic Therapy system with wrap for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** California ACOEM and MTUS Guidelines are silent regarding compressive combination therapy devices for the lumbar spine. When looking at Official Disability Guideline

criteria, the role of combination systems are not supported with no evidence of published high quality trials demonstrating their efficacy over other forms of conservative measures alone. While Guideline criteria can recommend the role of isolated cryotherapy in certain postsurgical settings, the specific request for this combination device in the claimant's clinical course for the lumbar spine is not indicated.