

<b>Case Number:</b>	CM14-0126137		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine 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 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/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 injured worker is a 58-year-old female who reported an injury on 06/06/2012. The mechanism of injury was lifting. She is diagnosed with lumbar disc herniation. Her past treatments were noted to have included medications, physical therapy, home exercises, and surgery. She was noted to have undergone an L4-5 lumbar fusion on 07/03/2014. A recommendation was made for the purchase of an ARS hot/cold unit with pad/wrap to be used postoperatively. The Request for Authorization form was submitted on 07/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative ARS Hot/Cold Unit With Pad/Wrap:** Upheld

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

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

**Decision rationale:** According to the Official Disability Guidelines, use of a continuous flow cryotherapy unit may be supported for 7 days postoperatively. The injured worker was noted to be status post lumbar decompression and fusion, and the purchase of a hot/cold unit was

recommended to be used postoperatively. However, the guidelines specifically state that use of a continuous flow cryotherapy unit is only supported for up to 7 days postoperatively. Therefore, the purchase of a unit is not supported by the evidence based guidelines. As such, the request is not medically necessary.