

<b>Case Number:</b>	CM14-0134207		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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:

This 46 year-old patient sustained an injury on 12/30/13 while employed by [REDACTED] Request(s) under consideration include hot/cold compression unit - cervical spine. Diagnoses include cervical disc protrusion/ myofascitis/ sprain/strain; thoracic sprain/strain. Report of 4/23/14 noted ongoing cervical pain rated at 6/10 and thoracic spine rated at 8/10. Exam showed tenderness and reduced range in cervical and thoracic spine. Report of 7/2/14 from the provider noted constant ongoing chronic neck pain, aggravated by movement; severe upper/mid back pain. Exam showed cervical spine with full range of motion; thoracic spine with tenderness to palpation with muscle spasms. MRI of cervical spine showed C5-6 annular tear; with 1.9 mm intervertebral disc. The patient underwent cervical neuroplasty procedure at bilateral C5 on 7/18/14. The request(s) for Hot/Cold compression unit - cervical spine was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Compression Unit - Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Knee and Leg Chapter)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Continuous-Flow Cryotherapy, page 579

**Decision rationale:** Regarding Cold therapy, guidelines state it is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The request for authorization does not provide supporting documentation for use beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for Hot/Cold compression unit - cervical spine does not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression unit for post cervical neuroplasty, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Hot/Cold compression unit - cervical spine is not medically necessary and appropriate.