

<b>Case Number:</b>	CM14-0095442		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 has chronic low back pain and has a date of injury is June 6, 2013. On physical examination there is tenderness of lumbar spine. Straight leg raising is negative. There is decreased range of motion lumbar spine. Treatment plans have included physical therapy and functional capacity evaluation. The patient has been diagnosed with lumbar spine strain and sprain. X-ray shows multiple levels of degenerative disc condition the lumbar spine without evidence of instability. The patient has had an MRI but the results are not documented medical records. At issue is whether cold therapy unit and lumbar bio unit are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy Unit, Lumbar bio touch (IF UNIT) w/supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

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

**Decision rationale:** Cold therapy remains experimental for the treatment of chronic back pain. There is no medical literature to document the safety and efficacy of cold therapy for treatment of chronic back pain. In addition bio touch is experimental for the treatment of chronic back

pain. There is not sufficient literature to document the safety and efficacy of bio touch. Both treatments remain experimental for the treatment chronic back pain and not supported by current guidelines. Therefore, this request is not medically necessary.