Case Number:	CM14-0215496		
Date Assigned:	01/05/2015	**Date of Injury:**	12/01/1999
Decision Date:	03/03/2015	**UR Denial Date:**	12/03/2014
Priority:	Standard	**Application Received:**	12/23/2014

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. 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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 55-year-old man who sustained a work-related injury on December 1, 1999. Subsequently, the patient developed chronic neck pain. The patient underwent right L4-5 decompression with great relief, on September 10, 2014. The patient also had previous cervical fusion and anterior internal fixation from C4-5 through C6-7. X-ray of the cervical spine dated June 18, 2014 showed C4-6 ACDF with solid fusion. Alignment was unchanged. The let C6 screw remained fractured. MRI of the cervical spine dated August 19, 2014 showed stable uncovertebral spurring with mild foraminal encroachment bilaterally at C4-5. stable uncovertebral spurring with moderate right and mild left foraminal encroachment at C5-6. Previous cervical fusion and anterior internal fixation from C4-5 through C6-7. Disc degeneration with mild diffuse disc bulge at C3-4. The patient had been certified with 96 physical therapy visits, 12 acupuncture sessions, 4 injections, and pain medication management. According to the follow-up visit dated September 10, 2014, the patient complained of severe upper and lower neck aches and increased difficulty in swallowing. The patient also reported numbness in both hands. The patient rated the level of his pain as a 7-9/10. Physical examination revealed some dysthesias into the right buttocks and thigh. There were some positive provocation signs primarily on the right. There were positive Patrick's, Gaenslen's and Faber's tests. Cervical range of motion was restricted to less than 20 degrees in all planes. Grip strength was weaker on the right than the left. The patient had dysthesias into the right shoulder and bilateral forearm as well as the hands. The patient smoked almost 1 pack per day. The patient was diagnosed with

post laminectomy syndrome of the cervical spine, non-union of fracture, and degeneration of cervical intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze Cryotherapy gel.There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in neck and shoulder pain.