

<b>Case Number:</b>	CM14-0215630		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 42-year-old gentleman with a date of injury of 02/12/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 02/12/2014 indicated the worker was experiencing improved lower back pain. No other clinical records were submitted for review. The documented examination described a widened walking pattern, tenderness in the mid- and lower back, moderate pain in the left shoulder blade region, and positive Fabere's and Yeoman's testing. The submitted and reviewed documentation concluded the worker was suffering from thoracic arthropathy, although the documentation could not be read with complete confidence. Treatment recommendations included medications, a L3-5 medial branch facet joint rhizotomy and neurolysis, post-operative hot/cold therapy and follow up care. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for a hot and cold unit for post-operative use following a L3-5 medial branch facet joint rhizotomy and neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot and cold unit post operatively.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 44 and 49; 287-315, Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines Page(s): 12 and 25-26.

**Decision rationale:** The MTUS Guidelines support the use of hot-cold therapy in the early phases of symptoms. The submitted documentation indicated the injured worker was experiencing improved lower back pain. Treatment recommendations included a L3-5 medial branch facet joint rhizotomy and neurolysis with hot/cold therapy during the post-operative period. There was no discussion describing the benefit expected from this recommended treatment, and the record indicated the injured worker's lower back pain and function had improved. Furthermore, the request did not specify if the purchase or rental of a hot and cold unit was intended. The Guidelines do not support the purchase of equipment for temporary use. For these reasons, the current request for a hot and cold unit for post-operative use following a L3-5 medial branch facet joint rhizotomy and neurolysis is not medically necessary.