

<b>Case Number:</b>	CM15-0106930		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 45-year-old male injured worker suffered an industrial injury on 06/05/2012. The diagnoses included cervical radiculopathy and cervical discogenic pain. The diagnostics included left shoulder magnetic resonance imaging. The injured worker had been treated with epidural steroid injections. On 4/17/2015, the treating provider reported neck pain on the left side radiating into the left upper extremity. The previous steroid injections resulted in decreased pain by at least 50% for 8 to 12 weeks. On exam, the cervical spine had decreased range of motion with spasms and tenderness. The treatment plan included Motorized Cold Therapy Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Therapy Unit (Indefinite Use): 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 ODG, cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for post-surgical use and the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.