

<b>Case Number:</b>	CM15-0121919		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 20-year-old male, who sustained an industrial injury on 3/24/15. He reported injuries to his head, arms, hips, legs, face, knees, back, and upper and lower extremities. The injured worker was diagnosed as having cervical muscle spasm, cervical sprain/strain, lumbar muscle spasm, lumbar sprain/strain, left knee myalgia, and left knee sprain/strain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain in the neck, low back, and left knee. The treating physician requested authorization for a hot/cold unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/cold unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 300, 173, 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, knee and leg, low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Cold/Heat Packs Section.

**Decision rationale:** MTUS guidelines support the use of at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG supports the use of cold-packs 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. 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 therefore the request for cold/heat therapy unit with pad is determined to be medically necessary.