

<b>Case Number:</b>	CM15-0171970		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has a filed claim for chronic low back, shoulder, neck, and foot pain reportedly associated with an industrial injury of August 26, 1998. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for water circulating cold pump/cooling unit postoperative rental. An August 11, 2015 RFA form was referenced in the determination. The claims administrator contended that request was being denied on the grounds that a concomitant request for spinal fusion surgery was also denied. A June 2, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, low back, shoulder, and foot pain were reported. The applicant was pending a lumbar spine surgery, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of cooling unit post operative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Occupational Disorders of the Neck and Upper Back, Continuous-flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 560.

**Decision rationale:** No, the proposed rental of a cooling unit postoperatively was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as method of symptom control for applicants low back pain complaints, as were/are present here, by analogy, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does not recommend more elaborate devices to deliver heat therapy and/or cryotherapy, as was seemingly proposed here. The Third Edition ACOEM Guidelines Low Back Chapter takes a more explicit position against usage of high tech devices such as the article in question, noting that such devices are "not recommended" in the treatment of low back pain. ODG's Neck Chapter Continuous Flow Cryotherapy topic notes that continuous cooling devices are not recommended for postoperative use purposes for a proximate body part, the cervical spine. Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular article in the face of the unfavorable ACOEM and ODG position(s) on the same. The documents on file, furthermore, did not definitively or conclusively established that the applicant had in fact undergone and/or was scheduled to undergo a lumbar fusion surgery, which was also apparently the subject of dispute. Therefore, the request was not medically necessary.