

<b>Case Number:</b>	CM15-0072328		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 15, 2009. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for a continuous cooling device. The claims administrator referenced an April 1, 2015 progress note in its determination, along with an RFA form dated April 3, 2015. The claims administrator suggested on April 1, 2015 that the applicant had undergone lumbar spine surgery at an unspecified point in time. On October 24, 2014, the applicant underwent a multilevel cervical spine surgery. On May 11, 2015, the applicant reported ongoing issues with neck pain, low back pain, ankle pain, heel pain, and headaches. The applicant was given a Depo-Medrol injection. CT imaging of the head was endorsed. The applicant was placed off of work, on total temporary disability. A well-healed incision noted about the cervical spine was appreciated. The applicant was kept off of work. On May 6, 2015, the applicant was again placed off of work while unspecified medications were refilled under separate cover. Well-healed incision lines were noted about the cervical and lumbar spines. There was no mention of the continuous cooling device in question. On April 15, 2015, the applicant again reported ongoing complaints of neck and low back pain status post cervical and lumbar spine surgeries at unspecified points in time. Unspecified medications were refilled under separate cover while the applicant was seemingly kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) ice machine:** 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-Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 03/24/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): s 174 and 299. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page 868.

**Decision rationale:** Guideline Recommendations are: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices for Any Chronic Pain Condition. Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Strength of Evidence, Not Recommended, Insufficient Evidence (I). No, the request for an ice machine/continuous cooling device was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 274 and ACOEM Chapter 12, Table 12-5, page 299 do recommend at-home applications of heat and cold as methods of symptom control for neck, upper back, and/or low back pain complaints, as were/are present here, by implication, ACOEM does not support high-tech devices for delivering cryotherapy, as was seemingly sought here. The Third Edition ACOEM Guidelines take a more explicit position against usage of such devices, stating that high-tech devices for delivering cryotherapy are "not recommended" in the chronic pain context present here. The attending provider failed to furnish a compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue in the clinical context present here. Therefore, the request was not medically necessary.