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| <b>Case Number:</b>   | CM15-0079157 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 08/23/2013 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 03/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 33 year old male who sustained a work related injury August 23, 2013. An MRI dated 12/13/2011(not present in medical record) revealed lumbar disc bulges, 5 mm L5-S1 and 3 mm L1-2. According to a secondary physician's follow-up report, dated March 18, 2015, the injured worker presented after recent low back surgery. His leg pain did significantly improve after recent lumbar decompression but he continues to have numbness over the right leg as well as hip and knee pain. Diagnoses are intervertebral disc disorder and lumbosacral radiculopathy. Treatment plan included recommendation for anti-inflammatory medication, stop opioid medication, and begin post-operative physical therapy. At issue, is the request for Q-Tech cold therapy recovery system with wrap, 21 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech cold therapy recovery system with wrap,21-day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
 Page(s): 287-310.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is indicated at this point in the course of treatment. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. A cold therapy unit is not medically necessary.