

Case Number:	CM13-0009823		
Date Assigned:	11/27/2013	Date of Injury:	03/26/2010
Decision Date:	02/14/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old female who reported an injury on 03/26/2010. The patient is currently diagnosed with facet joint arthropathy, discogenic low back pain, and right lumbar radiculopathy. The patient was recently seen by [REDACTED] on 06/10/2013. The patient reported constant pain and discomfort in the low back and lower extremities. Physical examination revealed inability to perform heel and toe walking, loss of lumbar lordosis, tenderness to palpation of the lumbar spine, restricted and painful range of motion, decreased sensation to light touch, stiffness, weakness, spasm, and limping. Treatment recommendations included continuation of chiropractic treatment and physical therapy, as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 35 Day rental of DYNA/Dynamic contrast therapy system between 11/19/2012 and 11/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is not recommended in the cervical spine. It is recommended as an option after shoulder surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. As per the clinical notes submitted, the patient's diagnoses include facet joint arthropathy, discogenic low back pain, and right lumbar radiculopathy. There are no recommendations for continuous flow cryotherapy for the lumbar spine. There is no documentation of a physical examination on the dates of 11/19/2012 or 11/30/2013 to substantiate the request. Additionally, a 35-day rental of a continuous flow cryotherapy unit would exceed Guideline recommendations. There are no subjective or objective clinical findings to warrant this type of treatment for the patient's condition. Based on the clinical information received, the Retrospective request for 35 Day rental of DYNA/Dynamic Contrast Therapy System between 11/19/2012 and 11/30/2013 is non-certified.

Retrospective request for 1purchase of FLG/full leg garment for lumbar or hip between 11/19/2012 and 11/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Hip protectors.

Decision rationale: The Official Disability Guidelines state hip protectors are not recommended. Although some evidence shows that hip protectors prevent hip fractures if worn at the time of a fall, acceptance and adherence by users of the protectors remain poor due to discomfort and practicality. As per the clinical notes submitted, there is no indication of a musculoskeletal or neurological deficit with regard to bilateral hips. The patient is diagnosed with facet joint arthropathy, discogenic low back pain, and right lumbar radiculopathy. The medical necessity for the requested service has not been established. Therefore, the Retrospective request for 1purchase of Fluoroscopic Guidance/full leg garment for lumbar or hip between 11/19/2012 and 11/30/2013 is non-certified.

Retrospective request for 1purchase of Spa--M/Spartan (SLO)-med between 11/19/2012 and 11/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the clinical notes submitted, there is no evidence of compression fracture or

spondylolisthesis. There is also no documentation of significant instability upon physical examination. The medical necessity for the requested service has not been established. Therefore, the Retrospective request for 1 purchase of Spa--M/Spartan (SLO)-med between 11/19/2012 and 11/30/2013 is non-certified.