

Case Number:	CM13-0020481		
Date Assigned:	11/08/2013	Date of Injury:	11/26/2012
Decision Date:	02/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pain Management ,has a subspecialty in : Disability Evaluation and is licensed to practice in California. 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 33-year-old man who works as a painter for [REDACTED]. He was injured on 11/26/2012 when he fell from a step ladder striking his chest, back and neck. The patient's last visit was on May 8, 2013. He currently complains of lumbar spine pain, which he rates on a pain scale at 7 out of 10. He notes that the pain has increased since his last visit. He denies having had any procedures done to alleviate his pain. He has been taking his medications regularly and tolerates them well. However, he states that they are not helping him with his pain as much, and so he needs something stronger. He denies having seen any physician or having had any diagnostic studies done since his last visit. He denies having any changes to his medical history as documented in his last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Rental of Water Circulating Heat Pad With Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder,(Chapter 11) Continuous Flow Cryotherapy.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18 2009) is mute on this topic. ODG Shoulder, Chapter 11, recommends Continuous Flow Cryotherapy as an option after surgery, but not for non-surgical treatment. Post operative use generally may be up to 7 days, including home use. In the post-operative setting, continuous cryo-therapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage, however, the effect on more frequently treated acute injuries (e.g muscle strains and contusions) has not been fully evaluated. Continuous-flow cryo-therapy units provide requested temperature through use of power to circulate ice water in the cooling packs. The request for Retrospective Rental of water circulating heat pad with pump is not medically necessary for non-surgical treatment of lower back pain/strain.

The Purchase of Sacro-iliac Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Back Brace, Not Recommended for Acute, Sub-Acute and Chronic Low Back Pain (Limited Evidence (C)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 300-301.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS (Effective July 18, 2009) ACOEM, 2nd Edition, section on prevention states: The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. Page 298 further states: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Therefore the request for Purchase of Sacro-iliac Orthosis is not medically necessary