

Case Number:	CM13-0035358		
Date Assigned:	12/13/2013	Date of Injury:	12/05/2011
Decision Date:	02/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology and Pain Management 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 employee is a 62-year-old female who reported a work-related injury on 12/5/11 as the result of a fall. At the time of the injury, the employee sustained a compression fracture. Previous treatments include medications, a back brace, physical therapy, occupational therapy and chiropractic treatment. The clinical note dated 4/2/13 documented the employee's course of treatment since the date of injury. The provider documented that the employee utilized tramadol, Fosamax, Advil and an asthma inhaler. The provider documented that upon physical exam of the employee, bilateral lumbar paraspinal tenderness was noted with 2+ palpable muscle spasms. Range of motion of the lumbar spine was 20 degrees with flexion, 10 degrees with extension, and bilateral lateral flexion was 10 degrees. The employee had a positive straight leg raise exam on the left at 20 degrees and motor strength was 5/5 bilaterally to the lower extremity with the exception of 4/5 at the left peroneus longus brevis and the extensor hallucis longus. The provider reported that imaging of the employee's lumbar spine revealed a traumatic compression fracture of the L1 vertebra from the employee's date of injury. ❌

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective coverage for cold therapy unit dispensed on 4/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not specifically address the use of cold therapy units; however, the Official Disability Guidelines indicate that "high tech" devices do not demonstrate superior efficacy over the use of traditional cold therapy modalities at home. Therefore, the request for retrospective coverage for the cold therapy unit dispensed 4/18/13 is not medically necessary and appropriate.

Retrospective coverage for lumbar sacral orthosis dispensed on 4/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG for Low Back regarding Lumbar Supports.

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

Decision rationale: The California Medical Treatment Utilization Schedule/ACOEM Practice Guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines recommend bracing as an option for compression fractures and specific treatment of spondylolisthesis, documented instability or postoperative treatment. In this case, the clinical documentation submitted for review states that the employee sustained a compression fracture of L1 on 12/5/11 due to a work-related fall. The clinical notes evidence that the employee has been utilizing a brace in her course of treatment for her lumbar spine pain. The employee is no longer in the acute phase of injury and the clinical notes provided do not evidence that the employee presented with instability or that the employee reported efficacy with previous bracing of the lumbar spine. Therefore, the request for retrospective coverage for lumbosacral orthosis dispensed on 4/18/13 is not medically necessary and appropriate.