

Case Number:	CM13-0035457		
Date Assigned:	12/13/2013	Date of Injury:	01/31/2013
Decision Date:	02/05/2014	UR Denial Date:	09/13/2013
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 Occupational Medicine, 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.

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 [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of January 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; lumbar MRI of August 29, 2013, notable for large disk extrusion at L5-S1 with associated nerve root compression; one prior epidural steroid injection, on June 19, 2013; and work restrictions. In a utilization review report of September 13, 2013, the claims administrator certified a lumbar laminectomy, denied a lumbar brace, denied a hot and cold therapy unit. The applicant's attorney later appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12 on page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM chapter 1, page 9 further states that usage of lumbar support should be

avoided as they have been shown to have little or no benefit, providing only a false sense of security. Given the multiple unfavorable ACOEM recommendations, the request is not certified.

Hot/Cold Therapy unit with wrap, purchase: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, simple, low-tech, at home applications of heat and cold are as effective as those performed by therapist or, by implication, those delivered via high-tech means. In this case, the attending provider has not stated why simple, low-tech applications of heat and cold would not suffice here. The unfavorable MTUS guideline in ACOEM chapter 12 is echoed by that of the third edition ACOEM Guidelines, which also do not endorse delivery of cryotherapies via high-tech means. For all of these reasons, then, the request is not certified.