

Case Number:	CM13-0047875		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2012
Decision Date:	02/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Illinois. 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 61-year-old female who reported an injury on 11/19/2012. The mechanism of injury was cumulative trauma. Review of the medical records reveals the patient diagnoses include cervical spine sprain and strain with radicular complaints with MRI evidence of a 2 mm disc osteophyte at C3-4, C4-5, C5-6, and C6-7; lumbar spine sprain and strain with radicular complaints; MRI evidence of 2 mm disc bulge at L5-S1 and 4 mm superior disc extrusion beyond posterior longitudinal ligament, and 5 mm anterolisthesis at L4-5. The most recent clinical note dated 09/05/2013 reports the patient complains of continued intermittent moderate neck pain which is worse with overhead activities or strenuous movements. The patient also reports intermittent moderate low back pain which is worse with prolonged sitting or standing and walking. Her low back pain radiates into the bilateral lower extremities to her foot. The patient remained symptomatic despite rest, medications, physical therapy, acupuncture, and an epidural steroid injection. Objective findings upon examination included decreased range of motion to her neck. There was no subluxation or laxity noted to the neck. Examination of the spine and trunk revealed no crepitation, decreased range of motion, and pain with extreme flexion which also elicited pain coming back to an upright position. There was no noted instability, subluxation, or laxity; and paraspinal strength and tone were noted as normal. Lumbar range of motion was noted as forward flexion at 40 degrees, extension at 20 degrees, right lateral flexion at 20 degrees, left lateral flexion at 20 degrees, and bilateral rotation right and left at 30 degrees. Review of the MRI of the cervical spine performed on 02/24/2013 revealed straightening of the cervical spine that may be due to muscle spasms or positioning, disc desiccation was noted at all levels; at C3-4, there is a 2 mm posterior central disc protrusion, the thecal sac and neural foramen are normal; at C4-5, there is a 2 mm posterior disc osteophyte complex, there is mild bilateral neural foraminal narrowing due to uncinete spondylosis; at C5-6,

there is mild disc narrowing, at C6-7, there is mild disc narrowing as well. Review of MRI of the lumbar spine dated 02/24/2013 notes there is a 5 mm anterolisthesis of L4 on L5; and at L5-S1, there is disc desiccation with 2 mm posterior disc bulge, the thecal sac and the neural foramina are normal. Bilateral facet hypertrophy was seen. Electromyography/Nerve Conduction Velocity (EMG/NCV) study performed on 06/24/2013 revealed evidence of an acute bilateral L4-5 and S1 lumbosacral radiculopathy. There was no evidence of peripheral neuropathy or entrapment neuropathy in either lower extremity at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The California MTUS Guidelines do not address continuous cryotherapy specifically; however, the guidelines do state that hot packs and heat wraps are recommended for all acute, subacute and chronic lumbar spine disorders. The guidelines also state that at home, local applications of cold in the first few days of an acute complaint, and there after applications of heat or cold are recommended for treatment of low back disorders. However, the Official Disability Guidelines state that continuous flow cryotherapy is an option after surgery for patients undergoing shoulder or knee surgery for up to 7 days postoperatively. There are no guidelines specifically addressing the medical necessity for continuous cryotherapy for lumbar difficulties. There was no documentation provided for any specific type of cryotherapy required or requested. There is documentation of ongoing complaints of low back pain with radiculopathy provided in the medical record. There is no documentation on any specific surgical interventions that have been authorized that will require the use of the cryotherapy. Therefore, the requested cryotherapy is not medically necessary or appropriate at this time.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The California MTUS/ACOEM Guidelines state that lumbar supports are optional for acute low back pain. The use of corset is optional for prevention of low back pain in an occupational setting. The Official Disability Guidelines state that lumbar supports are not recommended for prevention, they are recommended as an option for compression fractures, and

specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific low back pain. The guidelines also state that there is very low quality evidence. There is no clinical documentation provided in the medical records suggestive that the patient is participating in any type of treatment in an occupational setting. There is also no documented instability. Therefore, the requested lumbar brace is not medically necessary or appropriate at this time.