

<b>Case Number:</b>	CM13-0048106		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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. 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 7, 2004. 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 spine surgery on October 1, 2013; work restrictions; and extensive periods of time off of work. It is noted that the applicant's case and care have seemingly been complicated by comorbid mental health issues. A handwritten note of August 1, 2013, is not entirely legible and notable for comment that the applicant is off of work, on total temporary disability. He plans to pursue a lumbar spine surgery. The applicant later underwent said spine surgery on October 1, 2013, an L4-L5 laminectomy and fusion procedure. There were apparent issues with a postoperative hematoma appreciated. Subsequent October 25, 2013, and November 18, 2013, progress notes were notable for comments that the applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO back brace:** 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), Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The guidelines state that lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. In this case, the applicant is several years removed from the date of injury of December 7, 2004. He is now outside of the acute phase of symptom relief. Continued usage of lumbar supports is not indicated here. Therefore, the requested LSO back brace is not medically necessary or appropriate.

**Cold therapy unit:** 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), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.  
Decision based on Non-MTUS Citation Third Edition ACOEM Guidelines - Routine use of cryotherapies for treatment of low back pain.

**Decision rationale:** The guidelines also state that simple, low-tech, at-home application of heat and cold are as effective as those performed by therapist or, by implication, those delivered via high-tech means. The Third Edition ACOEM Guidelines also argue against usage of high-tech devices to deliver cryotherapy. Therefore, the requested cold therapy unit is not medically necessary or appropriate.