

<b>Case Number:</b>	CM13-0056221		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Orthopedic Surgery 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 54 year old injured worker with an industrial injury of 3/14/11. The patient is status post lumbar microdiscectomy. MRI of the lumbar spine dated 8/28/13, demonstrates desiccation of disc at the L5/S1 level with left paracentral to foraminal disc protrusion. Examination notes follow-up after epidural injection at the L5/S1 level. Positive straight leg raise with request for L5/S1 microdiscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit Vascutherm rental for 14 days:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** According to the Official Disability Guidelines (ODG) regarding cold therapy, "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case the request is greater than the 7day recommendation. The request for a cold therapy unit, Vascutherm rental for 14 days is not medically necessary and appropriate.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per the CA MTUS ACOEM Guidelines 2nd edition, Chapter 12 Low Back Complaints Chapter "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The request for a lumbar brace is not medically necessary and appropriate.