

<b>Case Number:</b>	CM13-0063966		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 & Rehabilitation, and is licensed to practice in Texas. 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 ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate that the patient had instability to support the necessity for a lumbar spine brace. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a lumbosacral orthosis brace is not medically necessary. The request as submitted failed to indicate the quantity of braces being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot and cold therapy unit for lumbar spine, 4 month rental:** 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 Page(s): 289.

**Decision rationale:** The ACOEM Guidelines indicate that at-home applications of cold in the first few days of an acute injury are appropriate; and thereafter, there should be applications of

heat or cold. The clinical documentation submitted for review failed to provide an examination to support the request. There was a lack of documentation indicating a necessity for a hot and cold therapy unit versus application of hot and cold packs. Given the above and the lack of documentation of exceptional factors, the request for a hot and cold therapy unit for the lumbar spine for a 4 month rental is not medically necessary.

**Lumbar sacral orthosis brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate that the patient had instability to support the necessity for a lumbar spine brace. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a lumbosacral orthosis brace is not medically necessary. The request as submitted failed to indicate the quantity of braces being requested.