

Case Number:	CM14-0002883		
Date Assigned:	01/29/2014	Date of Injury:	08/11/2008
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 has filed a claim for thoracic sprain associated with an industrial injury date of June 11, 2006. Review of progress notes reports worsening low back pain radiating into the lower extremities. Findings include tenderness and spasms of the lumbar region. Patient also reports anxiety and depression. EMG/NCS of the lower extremities dated March 22, 2013 showed bilateral chronic L5 nerve root irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMA COOLER SYSTEM FOR 6 WEEK RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices experimental and investigational for reducing pain and swelling after surgery or

injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, there is no documentation that this patient is post-surgery. There is no clear evidence to support the need for this request. Therefore, the request for Therma Cooler system for 6 week rental is not medically necessary..

HOT, COLD, AND COMPRESSION SYSTEM THERMACOOLER PAD/WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Cold/Heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, there is no documentation that this patient is post-surgery. There is no clear evidence to support the need for this request. Therefore, the request for hot, cold, and compression system thermacooler pad/wrap is not medically necessary.

PURCHASE OF LUMBAR SACRAL ORTHOSIS (LSO) BACK SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Compression garments.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back chapter, Lumbar supports

Decision rationale: As stated on page 301 of the ACOEM Low Back Guidelines referenced by CA MTUS, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, they are indicated for management of compression fractures, spondylolisthesis, or documented instability. There is very low quality evidence for treatment of nonspecific LBP as a conservative option. Lumbar supports are not recommended for prevention. In this case, there is no documentation supporting instability of the lumbar spine. Therefore, the request for purchase of lumbar sacral orthosis (LSO) back support is not medically necessary.