

<b>Case Number:</b>	CM14-0107600		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 injured worker is 69-year old male with a date of injury of August 14, 2009. It was indicated that on that day, while holding a case full of cons on a 2-foot stool he slipped and fell injuring his left shoulder, left elbow, left wrist, left hand, lumbar spine and left hip. He was diagnosed with (a) lumbar spine sprain and strain, (b) cervical spine sprain and strain and (c) impingement syndrome, left shoulder region. In an operative report dated January 8, 2014 it was indicated that he underwent bilateral L5-S1 transforaminal cannulation lumbar epidural and he tolerated the procedure well with no noted complications. In a recent progress note dated January 20, 2014 it was indicated that he complained of weakness in the left arm and pain in the left shoulder and left hand. Objective findings include tenderness in the neck, back and left shoulder. Range of motion of the left shoulder was limited in all planes. He was attending acupuncture sessions and he would like to wait on his left shoulder surgery. This is a review of the requested motorized cold therapy unit, lumbar exercise kit, Thermophore heating pad and lumbar corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Therapy Unit Retro 1/8/2014:** 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) Low Back; DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs

**Decision rationale:** The request for motorized cold therapy unit is not medically necessary as of this time. Although it is important to note that cold therapy speeds up the healing process of the post-operative area, necessity is not established as to why a cold therapy unit should be utilized as application of local ice packs to the operative site would be sufficient to the area to be treated. Therefore, it can be concluded that the medical necessity of the requested motorized cold therapy unit is established.

**Lumbar Exercise Kit Retro 01/08/2014: 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) Low Back; DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Exercise

**Decision rationale:** The medical records received have limited information to support the necessity of lumbar exercise kit. There was no mention of any rationale or basis for the request of the said lumbar exercise kit. Even if it is noted that exercise for lumbar strengthening and rehabilitation is necessary postoperatively it is unclear as to why the injured worker cannot perform home exercises without the lumbar exercise kit as most exercises directed to the lumbar spine included stretching, massages and low aerobic exercises. Therefore, the medical necessity of the lumbar exercise kit is not established.

**■■■■■ Heating Pad Retro 1/8/14: 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) Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Heat therapy

**Decision rationale:** Although evidence-based guidelines indicated that heat packs/therapies are recommended as an option for the treatment of low back pain, there was no recommendation with regard to the use of that kind of therapy to post-operative management or post-epidural injection management of pain and swelling. Additionally, the only noted objective findings to the back is tenderness which does not necessarily need heating packs and can be addressed by

the conventional home heat packs. Therefore, the medical necessity of the Thermophore Heating pad is not established.

**Lumbar Corset Retro 1/8/2014: 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) Low Back; DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports

**Decision rationale:** Evidenced based guidelines indicated that the uses of lumbar corsets or supports are still under study for post-operative use and that it is not recommended for prevention as there were strong evidenced that the said lumbar supports were not effective in preventing neck and back pain. Although it is indicated that the injured worker is experiencing ongoing low back pain there is lack of objective findings of instability to warrant the request for lumbar corset.