

Case Number:	CM14-0108246		
Date Assigned:	08/04/2014	Date of Injury:	08/15/2010
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 44-year-old female who sustained an onset of low back complaints while lifting a patient on August 15, 2010. The medical records provided for review included the report of clinical assessment on June 24, 2014, describing ongoing low back complaints and failed conservative care. Objective findings on examination showed markedly restricted and painful range of motion with the claimant crying throughout the examination. The treating provider documented a working diagnosis of degenerative disc disease and central disc protrusions at the L4-L5 and L5-S1 levels and that the claimant had failed considerable conservative care including epidural steroid injections, physical therapy, medication management, work restrictions and activity modification. The recommendation was made for a two level lumbar fusion from L4-S1. The records revealed that a prior Utilization Review did not authorize the surgery. This review is for post-operative treatment to consist of a VascuTherm device, a bone growth stimulator and purchase of a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 14 Day rental of VascuTherm cold compression.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure Cold and Heat packs;

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not support the use of cryotherapy devices for the low back due to lack of scientific studies proving effectiveness. In this case a combination cryotherapy device has been requested and its use is only supported for up to seven days after surgery including home use. This request exceeds the Official Disability Guideline for length of use in addition to the fact that the guidelines do not support the use of cryotherapy devices for the low back. Therefore, the request for cryotherapy or combination cryotherapy devices for the lumbar spine cannot be recommended as medically necessary.

Purchase of a bone growth stimulator DJQ.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: low back procedure Bone growth stimulators (BGS).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines criteria this request would not be supported. While bone growth stimulators can be utilized following two-level fusion procedures, the requested surgical process in this case has not been supported by clinical records or Utilization Review. Without documentation of support for the two-level fusion, the postoperative use of a bone growth stimulator would not be indicated.

Purchase of Cybertech back brace post operative use.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Lumbar Support, Updated August 22, 2014.

Decision rationale: Based on California ACOEM Guidelines the post-operative use of a back brace would not be supported. ACOEM Guidelines indicate that back braces have little or no

benefit beyond the acute stages of injury. The request for surgical intervention in this case has not been supported. There would be no indication for the purchase of a lumbar brace in absence of authorization for the surgery and the fact ACOEM does not support back braces.

Purchase of 4 point walker for the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Worker's Comp; 18th Edition; 2013 Updates; Knee Chapter; Walking Aids.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for a four-point walker for the lumbar spine postoperatively is not recommended as medically necessary as the proposed surgery is not recommended as medically necessary.