MAXIMUS Federal Services

Case Number:	CM14-0120570		
Date Assigned:	08/06/2014	Date of Injury:	03/25/2010
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine Pain Medicine 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 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 a 74 year old male who sustained an injury to his low back on 03/26/10 as a result of repetitive motion at work. The records indicate that treatment to date has included extensive physical therapy and chiropractic treatment in 2007. The injured worker was evaluated and treated by a spine surgeon and it was reported that the injured worker received at least five Cortisone injections, possibly to the lumbar spine. The injured worker was returned to full duty. Physical examination noted impingement syndrome in the right shoulder with tenderness in the lumbar spine; range of motion shoulder with forward flexion 105 degrees, extension 35 degrees, abduction 59 degrees, adduction 18 degrees, and external rotation 35 degrees; internal rotation was 78 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Heating System, 6-8 hours per day - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Durable medical equipment.

Decision rationale: The request for Solar Care FIR heating system, 6-8 hours per day - purchase is not medically necessary. Previous request was denied on the basis that it was unclear why this particular DME is requested and if a basic heated heating pad has been trialed and failed. Prolonged heat exposure may lead to rebound pain. No information was submitted indicating why the injured worker cannot produce the same effect with standard heating pad, heat packs, and ace wraps for compression. Given this, the request for Solar Care FIR heating system, 6-8 hours per day - purchase is not indicated as medically necessary.

LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Lumbar Spine, pages 254-255.

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 chapter, Lumbar supports.

Decision rationale: The request for LSO brace is not medically necessary. Previous request was denied on the basis that there was no evidence of any ongoing cord truncal strengthening and/or home exercise program. It was noted there could likely be further deconditioning of the lumbar spine with use of this modality. No information was submitted for review that would indicate the injured worker is status post lumbar fusion and there were no findings on physical examination or subjective complaints of instability in the lumbar spine. The ODG states that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent low back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective; and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Given this, the request for LSO brace is not indicated as medically necessary.