

Case Number:	CM14-0122252		
Date Assigned:	08/06/2014	Date of Injury:	08/21/2013
Decision Date:	09/17/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 33 year old female with complaints of low back pain and right leg pain. The date of injury is 8/21/13 and the mechanism of injury is lifting injury after heavy lifting at work. At the time of request for LSO brace and solar care heating system, there is subjective (low back pain, right leg pain) and objective (tenderness to palpation of the paravertebral muscles low back area, restricted range of motion with extension, flexion, and lateral bending of the low back, numbness with reduced sensation in the posterior aspect of the legs, positive straight leg raise in the seated position) findings, imaging findings (lumbar spine x-rays dated 8/22/13 shows mild degenerative disc disease at L5-S1, MRI lumbar spine dated 6/17/14 shows L4-5 broad based disc bulging, L5-S1 degenerative disc disease with grade I retrolisthesis, right paracentral disc protrusion with annular tear effacing the anterior thecal sac), diagnoses (lumbar sprain/strain, thoracic spondylosis without myelopathy, lumbar radiculopathy), and diagnostic/therapeutic treatment(s) to date (MRI lumbar spine, physical therapy, medications). In regards to requests for LSO bracing and heat therapy, an RCT found an improvement in physical restoration compared to control and decreased pharmacologic consumption and also concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective in low back pain treatment. Also, a number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. There is moderate evidence that heat wrap provides a small short term reduction in pain and disability in acute and sub-acute low back pain, and that the addition of exercise further reduces pain and improves function.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Integrated treatment/disability guidelines for low back, Lumbar supports.

Decision rationale: Per ODG guidelines, an RCT found an improvement in physical restoration compared to control and decreased pharmacologic consumption and also concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective in low back pain treatment. It is my opinion that the use of the brace is warranted with guidance and supervision and the limitations of use set by a concurrent physical rehabilitation program. Therefore, this request is medically necessary.

Solar Care FIR Heating System: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Integrated treatment/disability duration guidelines for low back, Heat therapy.

Decision rationale: Per ODG, heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. There is moderate evidence that heat wrap provides a small short term reduction in pain and disability in acute and sub-acute low back pain, and that the addition of exercise further reduces pain and improves function. Therefore, it is my opinion that the request for a heat therapy unit is medically necessary.