

Case Number:	CM14-0023690		
Date Assigned:	06/27/2014	Date of Injury:	12/01/1999
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 New York. 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:

This patient is 54 year old with chronic LBP. Date Of Injury 12/01/99 lifting boxes. Diagnosis L4-5 stenosis. Patient had lumbar and cervical fusion surgery. He had had multiple lumbar revision surgery to remove hardware. He had ESI CT scan shows stenosis at l4-5. MRI shows stenosis at l4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM COLD COMPRESSION UNIT 14 DAYS RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The medical literature does not support the use of cold therapy after back surgery. ODG guidelines are not met. There is no literature to demonstrate better outcomes with cold therapy after back surgery. Also, in this case, criteria for lumbar decompression surgery are not met. Therefore all postop devices are not medically necessary.

LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation fficial Disability Guidelines (ODG), Low back chapter.

Decision rationale: ODG Guidelines do not support the use of a back brace after lumbar laminectomy surgery. Also, surgery is not medically necessary in this case because the guidelines for surgery are not met. Therefore the request for lumbar brace is not medically necessary.