

<b>Case Number:</b>	CM14-0035031		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 11/04/2012. The treating diagnoses include lumbar intervertebral disc displacement, lumbosacral radiculitis, lumbar disc degeneration, lumbar facet syndrome, and spinal stenosis. On 2/26/2014, the claimant was seen in pain management consultation and was noted to have constant pain in her lower back radiating to both legs which was described as throbbing, sharp, burning, and needles. Treatment was recommended to include a second epidural injection as well as a lumbar facet block. A heat and cold unit was also recommended for ongoing pain for this injury. A lumbosacral orthosis was also prescribed for prophylactic purposes to avoid exacerbation of this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HEAT UNIT AND COLD UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Policy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** The ACOEM Guidelines recommend brief use of heat or cold for 2 weeks after an injury. These guidelines do not recommend chronic use of such thermal modalities, and

these guidelines do not recommend purchase of durable medical equipment for thermal modalities. This request is not supported by the guidelines. This request is not medically necessary.

**LUMBAR SACRAL ORTHOSIS (LSO):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of relief. The requested goal of a lumbosacral orthosis preventing worsening of an injury is not supported by the treatment guidelines or any other rationale per the records. This request is not medically necessary.