

Case Number:	CM14-0042370		
Date Assigned:	06/30/2014	Date of Injury:	11/13/2012
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 injured worker is a 54-year-old female who reported an injury on 11/13/2012. The documentation of 12/18/2013 revealed request for an L4-5 lumbar decompression and fusion and instrumentation with preoperative medical clearance, postoperative therapy and DME. The surgical intervention was approved. The diagnosis included spinal stenosis with radiculopathy. The treatment plan included a cold therapy unit and a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg: Continuous-flow cryotherapy.

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

Decision rationale: The ACOEM guidelines recommend use of hot and cold packs as an option for acute pain. They indicate that home applications of cold packs in the first few days of acute complaints are appropriate thereafter applications of heat or cold packs. There was a lack of documentation indicating a necessity for the unit versus the use of hot and cold packs. The request as submitted failed to indicate whether the unit was for rental or purchase. Additionally,

there was a lack of documentation indicating the injured worker could not utilize heat or cold packs. Given the above, the request for a Cold Therapy Unit is not medically necessary.

Bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Bone growth stimulators (BGS).

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, Bone Growth Stimulators.

Decision rationale: The Official Disability Guidelines indicate that criteria for the use of an invasive or noninvasive electrical bone growth stimulator include a fusion is being performed at more than 1 level. The clinical documentation indicated the injured worker was having a 1 level fusion. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for bone growth stimulator is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace: post operative (fusion).

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, Back brace, post operative (fusion).

Decision rationale: Official Disability Guidelines indicate the use of back braces postoperatively are under study. The requested procedure was at L5-S1. A low back brace would have to be incorporated into a hip brace due to the location of the fusion. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was also a lack of documented rationale for the requested service. Given the above, the request for a back brace is not medically necessary.