

Case Number:	CM14-0048929		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2003
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational 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 64-year-old whose date of injury is November 5, 2003. On this date the injured worker was lifting a cleaning machine and experienced pain in the low back. Treatment to date includes physical therapy, epidural steroid injections and medication management. Per utilization review determination dated March 17, 2014, a request for lumbar fusion surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seven day rental of a Motorized Hot/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, Treatment Index, 11th Edition, (web) Low Back - Lumbar & Thoracic (Acute and Chronic).

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, Cold/heat packs.

Decision rationale: The submitted records indicate that the injured worker has been recommended to undergo lumbar fusion surgery; however, surgical intervention has not been authorized. Therefore, the request for postoperative hot/cold therapy unit is not medically

necessary. Additionally, the Official Disability Guidelines do not address hot/cold unit for the lumbar spine but would support the at-home application of hot/cold packs. The request for a seven day rental of a motorized hot/cold therapy unit is not medically necessary or appropriate.

Eight post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The submitted records indicate that the injured worker has been recommended to undergo lumbar fusion surgery; however, surgical intervention has not been authorized. Therefore, the request for eight post-operative physical therapy sessions is not medically necessary or appropriate.

Lumbosacral orthotic brace.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, (web) Low Back - Lumbar & Thoracic (Acute and Chronic).

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 submitted records indicate that the injured worker has been recommended to undergo lumbar fusion surgery; however, surgical intervention has not been authorized. Therefore, the request for a lumbosacral orthotic brace is not medically necessary or appropriate.

Bone growth stimulator 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, Treatment Index, 11th Edition, (web) Low Back - Lumbar.

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 (BGS).

Decision rationale: The submitted records indicate that the injured worker has been recommended to undergo lumbar fusion surgery; however, surgical intervention has not been authorized. Therefore, the request for postoperative bone growth stimulator unit is not medically necessary or appropriate.

