

Case Number:	CM14-0074308		
Date Assigned:	07/16/2014	Date of Injury:	07/05/2013
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This 58 year old patient had a date of injury on 7/5/2013. The mechanism of injury was not noted. In a progress noted dated 4/8/2014, subjective findings included achy, sharp, stabbing neck pain and tingling. There was constant severe stabbing, throbbing low back pain, weakness, and cramping radiating to both feet. On a physical exam dated 4/8/2014, objective findings included tenderness to palpation of the cervical paravertebral muscles, and tenderness of the lumbar paravertebral muscles. Diagnostic impression shows cervical disc protrusion, cervical radiculopathy, cervical sprain/strain. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 5/5/2014 denied the request for cold unit, stating there is no indication the claimant would require specialized equipment for provision of cold therapy over the use of standard ice packs. Lumbar sacral orthosis with ridges was denied, stating it is not recommended beyond the acute phase of treatment, and the patient is now 10 months status post injury and has ongoing pain complaints, with no evidence of lumbar instability or condition that would warrant use of an LSO at this stage. Traction device(lumbar) was denied, stating the patient has not received lasting and objective benefit from the use of traction in the past. Exercise kit(lumbar) was denied, stating that there is limited evidence the patient requires specialized equipment for the performance of a home exercise, and limited benefit was received from physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: MTUS and ODG do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In the reports viewed, and on a progress report dated 4/8/2014, there was no discussion provided why this patient requires this type of unit and why he could not benefit from standard ice bag/packs. Therefore, the request for Cold Unit was not medically necessary.

Lumbar Sacral Orthosis (LSO) with Ridges.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fairview.org/healthlibrary/Article/86575>.

Decision rationale: MTUS and ODG do not address this issue. Lumbar sacral orthosis brace is used to keep a patients back straight after surgery. In the reports viewed, and on a progress report dated 4/8/2014, it was unclear what this device was intended for, and there was no discussion regarding the number of hours a day this device was to be worn or the length of therapy. Therefore, the request for lumbar sacral orthosis with ridges is not medically necessary.

Traction device, lumbar.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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: CA MTUS states that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Recommend non-certification. In a progress note dated 4/8/2014, there was no documentation that the patient has

had previous functional improvement with traction device. No discussion was provided regarding the objective functional goals regarding this particular equipment. Therefore, the request for traction device for lumbar is not medically necessary.

Exercise kit, lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Exercise Equipment.

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME (durable medical equipment) can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. In a progress note dated 4/8/2014, there was no discussion regarding or documentation demonstrating that the patient has been taught appropriate home exercises by a therapist or medical provider. Therefore, the request for exercise kit, lumbar spine, was not medically necessary.