

<b>Case Number:</b>	CM14-0076491		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

The patient is a 29 year old male who sustained an injury on 08/05/2013 during the course of his employment as a machine operator for [REDACTED]. Prior treatment history has included lumbar epidural steroid injection. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/01/2013 demonstrated L5-S1 moderate right neural foraminal narrowing secondary to 2-3 mm posterior disc bulge; right exiting nerve root compromise is seen. On note dated 04/22/2014, it documents that on 01/20/2014, the patient to have complaints of with low back pain radiating to his bilateral legs posteriorly to knee with numbness and tingling in his left leg and occasional weakness in the left leg and back. He was recommended a cold unit, lumbar exercise kit, and lumbar LSO. On 04/22/2014, his complaints were unchanged. He reported his activities of daily living are affected by the pain such as self-care, physical activity, traveling, sexual functions and sleeping. On examination of the lumbar spine, there is tenderness to palpation over the midline to the lumbar and lumbosacral regions, bilaterally to the psis and to the left paraspinous and sciatic notch. Range of motion of the lumbar spine revealed flexion to 48 degrees; extension to 12 degrees; lateral bending bilateral to 15 degrees; left straight leg raise at 13 degrees and right straight leg raise at 3 degrees. He has a diagnosis of impingement of the right shoulder with tenderness of the subacromial subdeltoid bursa and biceps tendon; mechanical back pain, rule out lumbar radiculitis. Prior utilization review dated 04/21/2014 states the request for Cold therapy unit is denied as it is not medically necessary; Lumbar brace is denied; L/S exercise kit is denied as it is not medically necessary; and Theraball is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:**

**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), Continuous-flow cryotherapy

**Decision rationale:** According to ODG guidelines, continuous-flow cryotherapy is "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case a cold therapy unit is requested for nonsurgical treatment. Medical necessity is not established.

**Lumbar brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports

**Decision rationale:** According to MTUS guidelines, lumbar braces are not recommended beyond the acute injury phase. According to ODG guidelines, lumbar supports are not recommended for prevention. In this case a lumbar brace is requested for a 29-year-old male with chronic low back pain for prevention of further injury. Medical necessity is not established.

**L/S exercise kit:** 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), Durable medical equipment (DME), Exercise equipment

**Decision rationale:** This is a request for a L/S exercise kit for a 29-year-old male with chronic low back pain. However, according to ODG guidelines, exercise equipment does not qualify as durable medical equipment and is therefore not recommended. Medical necessity is not established.

**Theraball:** 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), Durable medical equipment (DME), Exercise equipment Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** This is a request for a Theraball for a 29-year-old male with chronic low back pain. However, according to ODG guidelines, exercise equipment does not qualify as durable medical equipment and is therefore not recommended. Medical necessity is not established.