

Case Number:	CM14-0085782		
Date Assigned:	07/23/2014	Date of Injury:	07/05/2011
Decision Date:	12/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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:

Patient is a 41 year-old male with date of injury 07/05/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/19/2014, lists subjective complaints as pain in the right elbow and low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with 2+ spasm. There was slight loss of lordosis. Range of motion was decreased with anterior flexion of the trunk. Positive straight leg raising test. Decreased sensation over the L4 dermatome with a sluggish patellar reflex. Motor strength was 5/5 to the bilateral lower extremities. Deep tendon reflexes were 2/4 at the knee (L-4) and ankle (S-1). Diagnosis: 1. Sprain and strain of the right wrist 2. Carpal tunnel syndrome of the right hand 3. Tear of the TCF ligament 4. Strain of the lumbar spine 5. Diffuse disc protrusion at the L4-5 level with bilateral neural foraminal stenosis, exhibiting pressure over the left and right L4 exiting nerve roots. As well as disc diffuse disc protrusion at L5-S1 with neural foraminal stenosis emerging pressing on the L5 exiting nerve roots bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral orthosis brace (retrospective request DOS 10/17/12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request is not medically necessary.

Motorized cold therapy unit (retrospective request DOS 10/17/12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disabilities guidelines

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 - Lumbar and Thoracic (Acute and Chronic), Continuous-flow cryotherapy

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. However, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. The request is not medically necessary.

Moist heating pad (retrospective request DOS 10/17/12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disabilities guidelines

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 - Lumbar and Thoracic (Acute and Chronic), Cold packs

Decision rationale: The Official Disability Guidelines recommend at-home cold packs and heat packs as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The specific request is for a moist heating pad, which is not supported by the ODG, rather than a conventional heating pad. The request is not medically necessary.

Lumbar exercise kit (retrospective request DOS 10/17/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. The request is not medically necessary.