

<b>Case Number:</b>	CM14-0086479		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 30 year old male sustained work related industrial injuries on August 13, 2011. The mechanism of injury was not described. He subsequently complained of low back pain with left lower extremity symptoms. The injured worker was diagnosed and treated for left L5 -S1 lumbar disc protrusion with lateral recess stenosis. According to treating provider notes on September 30, 2013, physical examination revealed tenderness to lumbar spine and 40-60% of normal lumbar spine range of motion. The injured worker underwent a left L5-S1 hemilaminotomy with partial facetectomy and S1 foraminotomy on October 7, 2013. The injured worker's treatment consisted of radiographic imaging, prescribed medications, post-operative physical therapy, hot/cold unit equipment, back brace and periodic follow up visits. According to the provider notes dated May 19, 2014, objective findings revealed tenderness to lumbar spine and improved range of motion with no infection. As of May 19, 2014, the injured worker's work status was temporarily partially disabled with no lifting greater than 15 pounds, no repetitive bending or stooping. The treating physician prescribed retrospective request for a hot/cold unit purchase, pad for hot/cold unit purchase and back brace for date of service October 7, 2013 now under review. On June 4, 2014, Utilization Review evaluated the prescription for a retrospective request of hot/cold unit purchase, pad for hot/cold unit purchase and back brace for date of service October 7, 2013 requested on May 29, 2014. Upon review of the clinical information, UR noncertified the request noting inadequate clinical support for cold/heat unit rather than cold packs and the non-recommendation, according to MTUS guidelines, for lumbar supports for treatment of low back pain. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Unit Purchase, Pad, Back Brace QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Shoulder and Knee

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs

**Decision rationale:** Regarding the request for a hot/cold unit purchase, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal hot/cold therapy unit rather than the application of simple hot/cold packs at home during the initial postoperative period. In the absence of such documentation, the currently requested hot/cold unit purchase is not medically necessary.

**Wrap purchase QTY: 1: 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 Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Back Brace QTY: 1: 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) Low Back Chapter, Lumbar Supports and Back brace, post operative (fusion)

**Decision rationale:** Regarding the request for back brace, CA MTUS does not address the issue for postoperative use. ODG notes that they are under study for postoperative use with conflicting evidence, but there may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external

immobilization might be desirable. Within the documentation available for review, the request appears to be for postoperative use after left L5-S1 hemilaminotomy with partial facetectomy and S1 foraminotomy, but as fusion was apparently not performed, there is no clear indication for a brace. In light of the above issues, the currently requested back brace is not medically necessary.