

<b>Case Number:</b>	CM14-0133368		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 37-year-old gentleman with a date of injury of 05/07/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating provider notes dated 07/10/2014 and 07/17/2014 indicated the worker was experiencing lower back and pelvic pain, numbness, and spasm in the left shoulder and right elbow. Documented examinations consistently described decreased motion in the joints of the lower back, right elbow, and left shoulder; tenderness in the lower back; and decreased sensation involving the right arm and foot. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculitis, depression, myofascial spasm, lumbar disk syndrome. Treatment recommendations included a continued functional restorative program, aqua relief system, chiropractic care, shockwave therapy, and TENS. A Utilization Review decision was rendered on 07/25/2014 recommending non-certification for the rental or purchase of a Summit back brace and for the rental or purchase of an aqua relief system and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua relief system and supplies (rental or purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 203, 300. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

**Decision rationale:** The MTUS Guidelines support the use of hot-cold therapy in the early phases of symptoms. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculitis, depression, myofascial spasm, lumbar disk syndrome. Treatment recommendations included an on-going functional restorative program, among others. There was no indication the worker had a trial of this treatment with demonstrated improvement in pain intensity, function, or quality of life. There was no discussion detailing extenuating circumstances supporting this use of this treatment in this setting. In the absence of such evidence, the current request for the rental or purchase of an aqua relief system and supplies is not medically necessary.

**Summit back brace (rental or purchase):** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculitis, depression, myofascial spasm, lumbar disk syndrome. There was no discussion detailing extenuating circumstances supporting this use of this treatment in this setting. In the absence of such evidence, the current request for the rental or purchase of a Summit back brace is not medically necessary.