

<b>Case Number:</b>	CM14-0193318		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/25/1999
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 07/25/1999. The mechanism of injury was not provided. His diagnoses were noted to include displacement of lumbar intervertebral disc without myelopathy, sciatica, and sprain of the lumbar. Past treatments included surgeries and medications. His surgical history included a lumbar laminectomy at the L4-5 level. On 11/11/2014, the injured worker was seen for a followup evaluation. He reported pain in his left lower leg and soreness of his lower back, but the pain is much less severe than before. Physical examination revealed the posterior incision healed well, with no sign of infection, mild tenderness to palpation about the left side of the lumbar paraspinal musculature. Motor strength was normal. Sensation was normal. Reflexes were 1 to 2+ and symmetrical. His current medications were not provided. The treatment plan included work modifications and a followup visit. A request was received for purchase of lumbar brace, hot, cold therapy unit with wrap. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of lumbar brace, hot, cold therapy unit with wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat Therapy.

**Decision rationale:** The request for purchase of a lumbar brace, hot, cold therapy unit with wrap is not medically necessary. California MTUS/ACOEM guidelines do not recommend lumbar supports as they have not been shown to have a lasting benefit beyond the acute phase of symptom relief. In addition, the Official Disability Guidelines recommend cold/heat therapy as an option for acute pain. However, the guidelines also state that heat therapy has been found to be helpful for pain reduction and function improvement, where as there is minimal evidence supporting the use of cold therapy. Clinical notes indicate that the injured worker had recent back surgery at the L4-5 level and reported soreness in the lower back. However, as the lumbar support brace and cold therapy are not recommended, the request is not supported. Therefore, the request is not medically necessary.