

<b>Case Number:</b>	CM14-0194543		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 3, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier total knee arthroplasty; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve requests for a lumbar support and a hot and cold therapy unit with associated pad, setup, and delivery fee. The claims administrator stated that its decision was based on a November 1, 2014 RFA form. The applicant's attorney subsequently appealed. The hot and cold unit and lumbar support were endorsed via a handwritten RFA form as well as via an order form which employed preprinted checkboxes. Little-to-no narrative commentary was attached. In a September 15, 2014 progress note, the applicant reported persistent complaints of low back and knee pain. The applicant apparently had residual radicular complaints. Ancillary complaints of wrist, hand, and elbow pain were also noted. The applicant was asked to remain off of work, on total temporary disability. Laboratory testing was endorsed. It was stated that the applicant might be a candidate for further left knee surgery. Hot and cold unit, epidural steroid injection therapy, and lumbar brace with a pull handle were endorsed. The applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Lumbar Brace 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-TWC, Low Back Procedure Summary, lumbar supports

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the progress note in question, September 15, 2014 and as of the date of the RFA form, November 1, 2014, following an industrial injury of May 3, 2006. Introduction and/or ongoing use of a lumbar support was/is not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request is not medically necessary.

**Purchase Hot/Cold Therapy Unit and pad/wrap, set up and delivery for Lumbar and/or Sacral Vertebrae:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary, cold/heat packs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Cryotherapy section.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-5 does acknowledge that at-home local applications of hot and cold are "recommended" as methods of symptom control for low back pain complaints, by implication, ACOEM does not support high-tech devices for delivering heat therapy and/or cryotherapy, as were/are being sought here. The Third Edition ACOEM Guidelines more explicitly argue against high-tech devices for delivering cryotherapy stating that such devices are "not recommended." In this case, the attending provider did not furnish much in the way of narrative commentary or applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.