

Case Number:	CM14-0048434		
Date Assigned:	07/07/2014	Date of Injury:	07/17/2009
Decision Date:	09/30/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 7-17-2009. Diagnoses include lumbar spondylosis without myelopathy; sciatica; spinal stenosis, and disc displacement lumbar herniated; and atrophy muscular wasting NEC. Treatment to date has included surgical intervention (left shoulder arthroscopy), as well as conservative treatment including diagnostics, bracing and medications. Per the Primary Treating Physician's Progress Report dated 12-26-2013, the injured worker reported lower back pain. Physical examination of the lumbar spine revealed moderate spasm and tenderness to palpation of the paraspinals. The plan of care included surgical intervention (micro decompression right L4-S1), and authorization was requested for one purchase of a Quick draw brace, 30 day rental of Vascutherm and purchase of an ARS contrast hot-cold unit for management of symptoms related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Quickdraw Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: This claimant was injured in 2009 with lumbar spondylosis without myelopathy, sciatica, spinal stenosis, lumbar disc displacement and atrophy muscular wasting. As of 2013, there was lower back pain. The plan of care included a micro decompression of the right L4-S1. It is not clear the surgery was authorized and performed. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Further, there is no documentation of a recent surgery, what it was, or when it occurred. Therefore, the request is not medically necessary.

Thirty (30) day Rental of Vascutherm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: This claimant was injured in 2009 with lumbar spondylosis without myelopathy, sciatica, spinal stenosis, disc displacement lumbar herniated, and atrophy muscular wasting. Treatment to date has included surgical intervention (left shoulder arthroscopy), as well as conservative treatment including diagnostics, bracing and medications. As of 2013, there was lower back pain. The plan of care included a micro decompression of the right L4-S1. It is not clear the surgery was authorized and performed. This device is a hot and cold therapy pump, and compression device. This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day". More elaborate equipment than simple hot and cold packs are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified and therefore is not medically necessary.

Purchase of an ARS Contrast Hot/Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment.

Decision rationale: As noted, this claimant was injured in 2009 with lumbar spondylosis without myelopathy, sciatica, spinal stenosis, disc displacement lumbar herniated, and atrophy muscular wasting. Treatment to date has included surgical intervention (left shoulder arthroscopy), as well as conservative treatment including diagnostics, bracing and medications. As of 2013, there was lower back pain. The plan of care included a micro decompression of the right L4-S1. It is not clear the surgery was authorized and performed. As shared previously, more elaborate equipment than simple hot and cold packs are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified and therefore is not medically necessary.