

Case Number:	CM14-0067214		
Date Assigned:	09/23/2014	Date of Injury:	02/19/2014
Decision Date:	01/28/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in medical toxicology and is licensed to practice in West Virginia. 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 individual is a 23 year old male who sustained an industrially related injury on February 19th, 2014 involving his lower back. It must be noted that the provided medical record is of poor quality and many of the pages are illegible. He has ongoing complaints of low back pain (4/10) and radicular symptoms (not defined in legible medical notes). The latest available physical examination provided in the medical records notes improvement over the 3 weeks since injury, with therapeutic response to provided treatments, including; anti-inflammatory and muscle relaxant medications, acupuncture and manual therapy. The note does not detail objective physical findings, but does note subjective pain description within objective field. Imaging studies describe a grade 1 anterolisthesis at L5-S1, a central disc protrusion also at L5-S1 and mild foraminal narrowing. This request is for provision of a lumbar support belt and hot/cold packs for thermal treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual Corpak Hot Cold Packs 13" x 10": Partially Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back/Cold/heat packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), cold/heat packs.

Decision rationale: The CA MTUS states regarding cold/heat packs; "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. ODG further states; "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function." The MTUS and ODG both recommend cold primarily for the acute phase of treatment, which this patient has passed. However, both sources imply the use of heat for chronic low back pain control. While even the evidence for heat chronically seems limited it appears to be the intent of both ACOEM and ODG that it may be considered as a conservative therapy. As such, the request for Dual Corpak Hot Cold Packs 13" x 10" is medically necessary.

Lumbar- Support Industrial w/ Comp Pad 3x1g: 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 (ODG), Lumbar Supports

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

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)". The patient is beyond the acute phase of treatment and the existing evidence does not support the use of lumbar support for any purpose beyond that period. As such the request for Lumbar. Support Industrial w/ Comp Pad 3x1G is not medically necessary.

