

Case Number:	CM15-0148509		
Date Assigned:	08/11/2015	Date of Injury:	12/24/2013
Decision Date:	09/10/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old male who sustained an industrial injury on 12/24/13, relative to a motor vehicle accident. The 7/23/15 treating physician report cited severe right-sided low back pain radiating to the right lower extremity with associated numbness and tingling. Significant functional difficulty was reported with standing and walking. The injured worker called from the parking lot, stated he was unable to walk, and needed a wheelchair. Physical exam documented positive right straight leg raise, and reflexes were difficult to elicit due to pain. A new lumbar spine MRI was performed stat and showed a large right L2/3 extruded disc impinging on the traversing nerve roots. The diagnosis was degenerative lumbosacral intervertebral disc, prolapsed lumbar intervertebral disc, and sacroiliac disorder. The treatment plan included right L2/3 microdiscectomy and associated pre-operative and post-operative surgical requests. Authorization was requested for a lumbar brace and 14-day rental of a VascuTherm cold therapy unit. The 7/24/15 utilization review certified the request for right L2/3 microdiscectomy, 1-day length of stay, pre-op testing, and post-operative physical therapy. The request for a lumbar brace was non-certified as there was no evidence to support use following a microdiscectomy. The request for a VascuTherm cold therapy unit was non-certified as there were no clinical studies showing the use of a cold therapy unit substantially improved post-operative outcomes or reduced post-operative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Lumbar brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

Associated surgical services: 14 day rental of a vasotherm cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of hot or cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.