

<b>Case Number:</b>	CM15-0184478		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 42-year-old male who sustained an industrial injury on December 21, 2007. Diagnoses have included lumbosacral radiculopathy and lumbar disc displacement without myelopathy. At the time of the requests for approval, which were submitted 6-16-2015, the injured worker was scheduled for a microdecompression at L4-5 which was subsequently performed on 6-19-2015. The request was for a 21-day rental for Q-tech therapy system with wrap, Universal Therapy wrap-pad; and, Apollo LSO back brace. This was denied on 8-19-2015. The injured worker is reported to continue recuperating from surgery and is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 6/19/15, 7/9/15): Q-tech therapy system with wrap, 21 day rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Continuous-flow cryotherapy.

**Decision rationale:** According to ODG, Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the medical records note that Utilization Review has modified to allow rental for 7 days, which would be consistent with the Official Disability Guidelines. The request for Retro (DOS 6/19/15, 7/9/15): Q-tech therapy system with wrap, 21 day rental is not medically necessary and appropriate.

**Retro (DOS 6/19/15) Universal Therapy Wrap/Pad: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Continuous-flow cryotherapy.

**Decision rationale:** According to ODG, Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the medical records note that Utilization Review has modified to allow rental for 7 days, which would be consistent with the Official Disability Guidelines. The modification included a wrap. Therefore, the request for Retro (DOS 6/19/15) Universal Therapy Wrap/Pad is not medically necessary and appropriate.

**Retro (DOS 6/19/15): 1 Apollo LSO Back Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Back brace, post operative (fusion).

**Decision rationale:** According to the CA MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG, back brace is under study for those who are status post lumbar fusion. In this case, the injured worker has not undergone fusion and there is no evidence of instability to support the requested brace. The request for 1 Apollo LSO Back Brace is not medically necessary and appropriate.