MAXIMUS Federal Services

Case Number:	CM15-0201050		
Date Assigned:	10/16/2015	Date of Injury:	03/22/2010
Decision Date:	12/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 37 year old male, who sustained an industrial injury on 3-22-2010. The injured worker is undergoing treatment for: lumbar sprain, and degenerative disc disease and posterior disc herniation. On 7-15-15, he reported continued low back and right leg pain with numbness and right leg weakness, he felt had not improved. He also reported new pain of occasional spasms and shooting pain into the left buttock and leg. On 8-27-15, he reported surgery had improved his leg pain and is noted to be walking unassisted. He stated he continued to take narcotics and non-steroidal anti-inflammatory drugs (NSAIDs) daily for his back pain. Objective findings revealed a limp, no bracing or assistive devices, healed surgical scarring, decreased sensation left lateral right thigh, calf and foot, decreased strength at right at-ehl, deep tendon reflexes plus 1 knees, plus 2 left ankle and plus 1 right ankle. The treatment and diagnostic testing to date has included: lumbar surgery (7-30-15 and 8-3-15), medications, and MRI of the lumbar (date unclear). Medications have included: Norco, Zanaflex. Current work status: permanent and stationary-maximum medical improvement. The request for authorization is for: one purchase of Apollo lumbar sacral orthosis; 35 days rental of Q-tech therapy recovery system with wrap. The UR dated 9-17-15: non-certified the request for one purchase of Apollo lumbar sacral orthosis; 35 days rental of Q-tech therapy recovery system with wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Apollo Lumbar Sacral Orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Edition, 2015, Low Back Chapter, Lumbar & Thoracic (Acute & Chronic), Back Brace postoperative (fusion).

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Purchase of Apollo Lumbar Sacral Orthosis is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention, under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment," the injured worker has improved his leg pain and is noted to be walking unassisted. He stated he continued to take narcotics and non-steroidal anti-inflammatory drugs (NSAIDs) daily for his back pain. Objective findings revealed a limp, no bracing or assistive devices, healed surgical scarring, decreased sensation left lateral right thigh, calf and foot, decreased strength at right at-ehl, deep tendon reflexes plus 1 knees, plus 2 left ankle and plus 1 right ankle. The treatment and diagnostic testing to date has included: lumbar surgery (7-30-15 and 8-3-15), medications, and MRI of the lumbar (date unclear). The treating physician has documented that the injured worker is in the post-op period. The criteria noted above having been met, Purchase of Apollo Lumbar Sacral Orthosis is medically necessary.

Q-tech Therapy Recovery System with Wrap 35 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Edition, 2015, Low Back Chapter, Lumbar & Thoracic (Acute & Chronic), Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Lumbar, Continuous Flow Cryotherapy.

Decision rationale: The requested Q-tech Therapy Recovery System with Wrap 35 day rental is not medically necessary. Am CA MTUS is silent on this issue and Official Disability Guidelines, Shoulder, Lumbar, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has improved his leg pain and is

noted to be walking unassisted. He stated he continued to take narcotics and non-steroidal anti-inflammatory drugs (NSAIDs) daily for his back pain. Objective findings revealed a limp, no bracing or assistive devices, healed surgical scarring, decreased sensation left lateral right thigh, calf and foot, decreased strength at right at-ehl, deep tendon reflexes plus 1 knees, plus 2 left ankle and plus 1 right ankle. The treatment and diagnostic testing to date has included: lumbar surgery (7-30-15 and 8-3-15), medications, and MRI of the lumbar (date unclear). The treating physician did not document the duration of use of the requested cold therapy unit. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above having not been met, Q-tech Therapy Recovery System with Wrap 35 day rental is not medically necessary.