

<b>Case Number:</b>	CM15-0026866		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: North Carolina  
 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 47 year old male who sustained an industrial injury on 12/15/2003. Current diagnoses include discogenic lumbar condition with three-level disc disease, status post laminectomy at L4-L5 with radicular component down the lower extremities. Previous treatments included medication management and trigger point injection to the trapezius on the right shoulder blade. Report dated 02/04/2015 noted that the injured worker presented with complaints that included tenderness in the cervical, thoracic, and lumbar paraspinal muscles and trigger points along trapezius on the right. Physical examination was positive for abnormal findings. Utilization review performed on 01/14/2015 non-certified a prescription for bilateral lumbar back support and back support insert and hot and cold wrap for the bilateral low back area, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM/Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar back support and back support:** 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): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states:- Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not certified.

**Hot and cold wrap-bilateral low back:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. There is no documentation on why at home cold and hot packs would not suffice for the treatment of this patient. The patient is not acutely post surgery; there is also no indication for DVT prophylaxis. Therefore the request is not certified.