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| Case Number: | CM15-0210856 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 02/27/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 27, 2015. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for a cold therapy device with associated wrap and a lumbar support. A September 2, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier lumbar spine surgery. Norco on a reduced basis, Lyrica, naproxen, and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. On September 4, 2015, the applicant underwent a lumbar laminectomy and discectomy surgery at L4-L5 and L5-S1. On an RFA form dated September 2, 2015, a lumbar support, wheeled walker, and cold therapy unit were seemingly endorsed, without much in the way of supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cold therapy unit with wrap for DOS 9/2/15: 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), Neck Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Continuous-flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 968.

Decision rationale: No, the request for a cold therapy device with associated wrap prescribed and/or dispensed on or around September 2, 2015 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local application of heat and cold as methods of symptom control for applicants with those pain complaints, were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does not recommend more elaborate devices for delivering heat therapy and/or cryotherapy, as was seemingly proposed here. ODGs Neck Chapter Continuous-flow Cryotherapy topic notes that continuous cooling devices are not recommended in the neck, or, by analogy, in the lumbar spine, i.e., the body part at issue here. The Third Edition ACOEM Guidelines Chronic Pain Chapter likewise notes that high-tech devices for delivering heat therapy and/or cryotherapy are not recommended in the chronic pain context present here. Here, the attending provider's September 2, 2015 RFA did not contain much in the way of supporting rationale or supporting commentary which would offset the seemingly unfavorable MTUS, ODG, and ACOEM positions on the article at issue. Therefore, the request was not medically necessary.

Retrospective lumbosacral support orthosis for DOS 9/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 524.

Decision rationale: Similarly, the request for a lumbar support orthosis was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, October 2, 2015, following an industrial injury of February 27, 2015. A more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter likewise notes that lumbar supports are not recommended in the low back pain context present here. As with the preceding request, little-to-no narrative commentary or applicant-specific information accompanied the October 2, 2015 RFA form which would offset the unfavorable ACOEM position(s) in the article in question. Therefore, the request was not medically necessary.