

Case Number:	CM15-0033095		
Date Assigned:	02/26/2015	Date of Injury:	06/20/1986
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported injury on 06/20/1986. The mechanism of injury was not provided. The diagnosis was sciatica. Prior therapies included acupuncture. There is a Request for Authorization submitted for review dated 02/04/2015. The documentation of 02/02/2015 revealed the Solar Care FIR system was to empower the injured worker to become independent and help her have a role in the management of her symptoms. The documentation further indicated request for a lumbar spine corset brace. The injured worker indicated they had increased pain with prolonged sitting. The injured worker had pain in the right buttocks when getting up. The documentation indicated the injured worker was getting a TENS unit. Additionally, the request was made for acupuncture therapy. The specific rationale for the lumbar spine corset was not provided. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR heating system and supplies/pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

- Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared therapy (IR).

Decision rationale: The Official Disability Guidelines indicate that infrared therapy is not recommended over other heat therapies. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to include the body part to be treated, and the quantity of supplies and whether the unit was for rental or purchase. Given the above, the request for Solar Care FIR heating system and supplies/pad is not medically necessary.

Lumbar spine corset brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The rationale for a lumbar spine corset brace was not provided. Given the above, the request for lumbar spine corset brace is not medically necessary.