

Case Number:	CM15-0050028		
Date Assigned:	03/23/2015	Date of Injury:	04/13/2012
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

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

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 30 year old female who sustained an industrial injury on 04/13/2012. Diagnoses include lumbar spine strain/sprain with radicular complaints. Magnetic Resonance Imaging shows evidence of 4-5mm disc protrusion at L4-5. Treatment to date has included diagnostic studies, medications, three epidural injections, 16 physical therapy sessions, and weight loss. A physician progress note dated 01/08/2015 documents the injured worker complains of intermittent moderate low back pain with numbness and burning in the right buttock down all the way to her toes. She has increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junctions. She has muscle spasms. There is a positive straight leg raise test to the right at 20 degrees. Lasegue test is positive to the right. Heel and toe test are not possible due to pain. The treatment plan notes the patient has been authorized to undergo a L4-5 microdiscectomy right sided and hemilaminotomy foraminiotomy decompression and is requesting surgery in March. She is recuperating from recent left rotator cuff repair. Treatment requested is for Cryotherapy x6 week rental for the lumbar spine post-op, Cybertech lumbar brace purchase, and TENS unit x6 weeks rental for the lumbar spine post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cybertech lumbar brace purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant is more than 3 years status post work-related injury and has been approved for a lumbar spine microdisectomy. Being requested is authorization for post-operative cryotherapy and TENS rentals for 6 weeks and a brace. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, the claimant has been approved for surgery and the brace has been requested as part of her post-operative management. It is therefore medically necessary.

Cryotherapy x6 week rental for the lumbar spine post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Cryotherapy, Cold/heat packs section.

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-Lumbar & Thoracic (Acute & Chronic), Cold/Heat packs.

Decision rationale: The claimant is more than 3 years status post work-related injury and has been approved for a lumbar spine microdisectomy. Being requested is authorization for post-operative cryotherapy and TENS rentals for 6 weeks and a brace. Cold/heat packs are recommended as an option for acute pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, but it may be a low risk low cost option. In this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested cold therapy unit is not needed for this claimant's treatment and is not medically necessary.

TENS unit x6 weeks rental for the lumbar spine post-op: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Post-operative pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114.

Decision rationale: The claimant is more than 3 years status post work-related injury and has been approved for a lumbar spine microdisectomy. Being requested is authorization for post-operative cryotherapy and TENS rentals for 6 weeks and a brace. TENS is thought to disrupt the

pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Basic TENS units are available for home use and supplies such as electrodes can be reused many times. A one-month home-based trial may be considered as a noninvasive conservative option. The requested 6-week rental is not medically necessary.