

Case Number:	CM15-0057887		
Date Assigned:	04/02/2015	Date of Injury:	07/24/2008
Decision Date:	05/19/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42-year-old female who reported an injury on 07/24/2008, with an unknown mechanism of injury. Current diagnoses include pain in the thoracic spine, pain in the lumbar spine, lumbar radiculitis, myofascial pain with spasm, anxiety, and insomnia. Treatment to date includes manipulation and medications. Current medications were not submitted for review. There is no indication of surgical history. On the visit note dated 02/17/2015, the injured worker complains of lumbar pain, loss of range of motion, and weakness. Physical examination noted limited lumbar motion, pain, spasms, and sensory loss in the right lower extremity, and lumbar trigger points. The injured worker was returned to modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze, #2: 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).

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, Biofreeze cryotherapy gel.

Decision rationale: The Official Disability Guidelines indicate that Biofreeze cryotherapy gel is recommended as an optional form of cryotherapy for acute pain. Biofreeze is nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. This randomized controlled study designed to determine the pain relieving effect of Biofreeze on acute lower back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. Given the above, there is no indication as to why the injured worker would need Biofreeze x2 as a trial of the medication has not been completed. Given the above, this request is not medically necessary.

Durable medical equipment (DME) lumbar sacral orthosis (LSO) brace with cold pack #2:
Upheld

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

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

Decision rationale: According to California ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. More specifically, the Official Disability Guidelines recommend back braces as an option for compression fractures and specific treatment of spondylothesis, documented instability, and for treatment of nonspecific lower back pain with a very low quality evidence, but it may be used as a conservative option. The clinical documentation shows no indication of spondylothesis or instability. Given the above, this request is not medically necessary.

Durable medical equipment (DME) lumbar posture pump: 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), Low Back Chapter.

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

Decision rationale: California ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation submitted for review did not indicate as to why a posture pump is needed. The

clinical documentation showed no indications of functional deficits that related to posture or correction of posture. Given the above, this request is not medically necessary.

Acupuncture to the lumbar spine 1 time a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Acupuncture Treatment Guidelines indicates that an initial trial of 6 sessions of acupuncture is recommended. The clinical documentation submitted for review shows no indication as to why an initial 12 weeks of acupuncture is needed for the injured worker. As such, this request is not medically necessary.

Work conditioning/chiropractic treatment to the lumbar spine 1 time a week for 12 weeks: 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), Work Conditioning (WC), Physical Therapy Guidelines.

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, Work conditioning/work hardening.

Decision rationale: According to the Official Disability Guidelines, work conditioning amounts to an additional series of intensive physical therapy visits required beyond the normal course of physical therapy, the guidelines recommend 10 visits over 4 weeks, or the equivalent of 30 hours. The clinical documentation indicated that the injured worker has returned to modified duty. The current request submitted exceeds guideline recommendations, and is therefore not medically necessary.