

Case Number:	CM15-0058209		
Date Assigned:	04/02/2015	Date of Injury:	05/11/2011
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 5/11/2011. She reported impact to her upper and lower back and also the right occipital portion of her head. Diagnoses have included intervertebral disc disorder with myelopathy, lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of intervertebral disc, site unspecified, without myelopathy and brachial neuritis or radiculitis NOS. Treatment to date has included medication. According to the progress report dated 1/14/2015, the injured worker was scheduled for surgery. She exhibited signs of swelling, impaired range of motion and loss of strength. She complained of back pain. Authorization was requested for retrospective Cold Therapy Q Tech Recovery System rental, retrospective wrap for CTU and retrospective Apollo Lumbar-Sacral Orthosis (LSO) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/16/15) Cold therapy Q Tech Recovery System rental for 21 days:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 809.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Cold packs. Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: Q Tech recovery system is a high tech cooling device. ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder and knee surgery for 7 days. Although cold packs are recommended for low back pain, the guidelines do not recommend continuous-flow cryotherapy after back surgery. Furthermore, the request for 21 days exceeds the guidelines recommendation of 7 days. As such, the medical necessity of the request has not been substantiated.

Retrospective (DOS: 1/16/15) Wrap for CTU (Cold therapy unit) x1: 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: Section: Low Back, Topic: Cold Packs, Section: Knee, topic: continuous flow cryotherapy.

Decision rationale: Since the Q Tech recovery system rental for 21 days is not medically necessary, the request for a wrap for the cold therapy unit is also not medically necessary.

Retrospective (DOS: 1/16/15) Apollo LSO brace x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Back Chapter- Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back: Topic: Back Brace.

Decision rationale: With regard to the request for Apollo lumbosacral orthosis, ODG guidelines are used. ODG guidelines indicate that there is conflicting evidence with regard to the use of a postoperative back brace for a lumbar fusion. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Mobilization after instrumented fusion is logically better for the health of adjacent segments and routine use of back braces is harmful to this principle. The injured worker underwent a lumbar microdiscectomy /decompression on 1/16/2015. The lumbosacral orthosis is requested for postoperative use after the microdiscectomy. The guidelines do not recommend a custom lumbosacral orthosis for microdiscectomy. As such, the request for a lumbosacral orthosis is not supported and the medical necessity has not been established.