

Case Number:	CM14-0019879		
Date Assigned:	04/30/2014	Date of Injury:	09/07/2012
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year-old male cement truck operator who was injured on 9/7/12. He was bending over to lift a 40-50 pound metal chute to attach to the truck and was struck in the back by a second chute. He underwent left L4/5 and L5/S1 decompression on 1/22/14. According to the 1/3/14 orthopedic report by [REDACTED], the patient will require a Q-tech cold therapy system with wrap for 35-days following the surgery. He also recommended a Lumbar-Sacral Orthotic (LSO), walker, 3-in-1 commode. On 1/31/14 UR denied the Lumbar-Sacral Orthotic (LSO), the 3 in1 commode, and Q-tech cold therapy rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP 35 DAYS RENTAL:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (Updated 12/27/13), Cold/heat Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The patient was to undergo a lumbar decompression surgery on 1/22/14 and the surgeon requested a post-op 35 day rental of the Q-tech cold therapy system. MTUS/ACOEM guidelines recommend at-home applications of cold for the first few days of an acute complaint. MTUS/ACOEM does not state that the cold is needed for the first month, and the guidelines do not specifically address the Q-tech device. ODG guidelines did not mention a cold therapy system for the lower back. Aetna Clinical Guidelines were consulted. Aetna states: "Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy." The request of the Cold Therapy Recovery System with Wrap 35 day's rental is not medically necessary and appropriate in accordance with guidelines.

3 IN 1 COMMODE FOR PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines, Knee Chapter Online For DME.

Decision rationale: The patient was to undergo a lumbar decompression surgery on 1/22/14 and the surgeon requested a post-op 3-in-1 commode. ODG guidelines on DME states: "Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." The surgeon has recommended the 3 in 1 commode as the patient is undergoing lumbar surgery and will be bed or room-confined and it was prescribed as part of the medical treatment plan. The 3-in-1 commode is in accordance with the ODG guidelines. Therefore, the request for 3 in 1 commode for purchase is medically necessary and appropriate.

APOLLO LSO FOR PURCHASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The patient was to undergo a lumbar decompression surgery on 1/22/14 and the surgeon requested an Apollo Lumbar-Sacral Orthotic (LSO) for use after the surgery. MTUS/ACOEM states lumbar supports are beneficial in the acute phase. ODG guidelines for postsurgical bracing states it is under study. ODG suggests a standard brace over custom fabricated for post-op use. The request for the Apollo Lumbar-Sacral Orthotic (LSO) appears to be in accordance with MTUS/ACOEM recommendations for the acute phase following the

surgery, and with the ODG guidelines for a standard brace for post-op use; therefore, it is medically necessary and appropriate.