MAXIMUS Federal Services

Case Number:	CM14-0115726		
Date Assigned:	08/04/2014	Date of Injury:	03/05/2013
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 37-year-old female was reportedly injured on March 5, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain, as well as right wrist and hand pain. No focused physical examination was performed on this date. Diagnostic imaging studies of the cervical spine revealed disc desiccation from C2 through C7 and a focal disc protrusion at C5-C6 effacing the thecal sac. An MRI of the lumbar spine revealed disc desiccation, a broad-based disc extrusion, and a Grade I retrolisthesis at L5-S1. Previous treatment is unknown. A request had been made for a hot/cold compression unit with wrap and a lumbar support brace and was non-certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Compression Unit with Pad/Wrap for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar.

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, Cold/Heat Packs, Updated August 22, 2014.

Decision rationale: The Official Disability Guidelines only recommends cold therapy at the first few days after an acute injury followed by heat thereafter. Therefore, there is no indication for a continued alternating hot/cold compression unit. As such, this request for a hot/cold compression unit with wrap for purchase is not medically necessary.

LSO Brace Lumbar for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar.

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 Supports, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, lumbar supports are not recommended for prevention of low back pain but only as an option in treatment for compression fractures, spondylolisthesis, or documented instability. As such, this request for an LSO lumbar brace for purchase is not medically necessary.