

Case Number:	CM14-0122111		
Date Assigned:	08/08/2014	Date of Injury:	07/05/2012
Decision Date:	10/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

This is a 56-year-old male with a 7/5/12 date of injury. The mechanism of injury occurred when he was hooking up a trailer, turned the handle to raise the landing gear, and felt severe strain and pain in his back, mostly in lower back and back of legs. According to a progress report dated 5/13/14, the patient continued to complain of low back pain radiating to his legs with weakness, giving way and locking in his lower extremities. The patient has not responded to conservative treatment. The provider is requesting authorization for lumbar laminotomy, microdiscectomy, medial facetectomy, foraminotomy, and posterior decompression at L3-L4 and L4-L5 levels. The provider is requesting post-operative lumbar brace and post-operative cold therapy. Objective findings: tenderness to palpation of lumbar spine, guarding and spasms noted over the paravertebral region bilaterally, trigger points in lumbar paraspinal muscles, restricted lumbar spine ROM due to pain and spasm, decreased sensation at the right L4-L5 dermatomes and decreased sensation to light touch at the right foot. Diagnostic impression: lumbar degenerative disc disease at L3-4 and L4-5, lumbar disc protrusion at L3-4 and L4-5, lumbar stenosis at L3-4 and L4-5 with neurogenic claudication. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, acupuncture, ESI. A UR decision dated 7/2/14 denied the requests for cold therapy unit and lumbar brace. ODG criteria do not support the use of lumbar support after laminectomy. The evidence for the application of cold treatment to low back pain is more limited than heat therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

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

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

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. It is noted that the provider is requesting a cold therapy unit for post-operative use. However, it is unclear if the surgical procedure has been approved. As a result, this associated request cannot be substantiated. In addition, the duration of use has not been specified in this request. Therefore, the request for Cold therapy unit was not medically necessary.

Lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. It is noted that the provider is requesting a lumbar brace for post-operative use. However, it is unclear if the surgical procedure has been approved. As a result, this associated request cannot be substantiated. Therefore, the request for Lumbar brace was not medically necessary.