

Case Number:	CM14-0132962		
Date Assigned:	08/22/2014	Date of Injury:	10/03/2012
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 37 year-old right-hand dominant male who sustained work-related injuries on October 3, 2012. Prior treatments to the lumbar spine include x-ray of the lumbar spine, chiropractic treatment, physical therapy, pool exercises, exercise program, oral medications, and facet injections. A lumbar spine magnetic resonance imaging (MRI) scan performed on November 14, 2012 noted (a) six non-bearing lumbar type vertebral bodies are identified, the last of which is transitional bilaterally, (b) intervertebral disc desiccation at L5 transforaminal with a 4-mm central disc protrusion containing an annular tear causes only mild lateral recess narrowing; (c) no significant central canal or neural foraminal narrowing at any level. No evidence of neural impingement; (d) mild facet joint arthropathy involving the mid-to-lower lumbar spine; and (e) mild degenerative disc disease at T12-L1. On July 22, 2013, the injured worker underwent electromyography (EMG)/nerve conduction velocity (NCV) studies. Nerve conduction velocity (NCV) studies revealed mild prolongation of the left sural latency and electromyography (EMG) revealed mild right L5 radiculopathy. On May 16, 2014, he underwent lumbar diagnostic facet block at L4-L5 and L5-S1 bilaterally. Most recent records dated June 27, 2014, the injured worker complained of pain rated at 9/10 that sharp and shooting with radicular symptoms to the bilateral lower extremities, left side greater than right, with numbness to the left leg, thighs to toes. He also reported left foot cramps and spasms as well as sporadic left leg weakness. On examination, he was noted having difficulty rising from sitting position. He has left antalgic gait. He moved protectively, gingerly, and with stiffness. Tenderness was noted over the bilateral cervical, thoracic, and lumbar spine muscles with noted spasms. Cervical compression and Spurling's test were positive. Straight leg raising test was positive on the left. Cervical and lumbar range of motion was limited in all planes. He is

diagnosed with cervical spine sprain and strain, (b) thoracic spine sprain and strain with degenerative disc disease, and (c) lumbar spine sprain and strain with degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care FIR heating system for cervical and lumbar spine for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back

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, Infrared Therapy (IR)

Decision rationale: The requested Solar Care Far Infrared (FIR) heating system in a nutshell utilizes infrared heat/technology. Evidence-based guidelines do not recommend infrared over other heat therapies. Due to lack of evidence-based guidelines support, the medical necessity of the requested Solar Care Far Infrared (FIR) heating system for the cervical and lumbar spine for purchase is not established.

Lumbar-sacral orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Thoracic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports

Decision rationale: Evidence-based guidelines indicate that a lumbar-sacral orthosis (LSO) brace is not indicated as a means for prevention. As a form of treatment, the lumbar supports are only indicated for compression fractures, and specific treatment of spondylolisthesis, documented instability and nonspecific low back pain. However, it is known that lumbar supports or braces are known not to provide significant symptoms relief except in the acute phase of symptoms relief. The condition of this injured worker's low back pain is already in the chronic phase. Therefore, the medical necessity of the lumbosacral orthosis (LSO) brace is not established.