

<b>Case Number:</b>	CM14-0138583		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Orthopaedic Surgery, 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 54-year-old male sustained an industrial injury on 4/2/13. The mechanism of injury was not documented. Past surgical history was positive for C6/7 fusion. The patient underwent bilateral L5/S1 laminotomy and discectomy on 12/12/13. The 1/14/14 lumbar MRI impression documented L5/S1 mild disc desiccation without narrowing, no recurrent or residual disc bulges or protrusions were identified. The 7/24/14 treating physician report cited an onset of severe muscle spasms and pain in both legs five days prior, after walking to his mailbox. He denied any numbness in his legs. He reported weakness from his buttocks down both legs to the feet. Physical exam documented intact lower extremity motor function and decreased light touch sensation from the buttocks to the legs and feet bilaterally. He appeared uncomfortable and rising from sitting to standing was slow. His gait was normal and lumbar range of motion was moderately decreased. The patient had advanced degeneration of the L5/S1 disc and desiccation and collapse of the disc space. Symptoms persisted despite seven months of conservative treatment including activity restrictions, medications, and physical therapy. Authorization was requested for an L5/S1 anterior lumbar discectomy and interbody fusion with instrumentation. The 8/13/14 utilization review denied the request for a cold compression unit based on the lack of documented medical necessity for cold compression in spinal surgery. The back brace was denied as not supported by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold compression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 160-161. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Cold compression therapy

**Decision rationale:** The California MTUS guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. The Official Disability Guidelines recommend cold compression therapy only as an option after knee surgery. There are no published quality studies to support the use of these combination units. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a cold compression unit in the absence of guideline support over standard cold packs. Therefore, request for Vascutherm Cold Compression is not medically necessary.

██████ **back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.odgtwc.com/index.html?odgtwc/low\\_back.htm](http://www.odgtwc.com/index.html?odgtwc/low_back.htm)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

**Decision rationale:** The California MTUS guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The Official Disability Guidelines state that the use of a post-operative back brace after fusion is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. The use of a post-operative back brace is reasonable. However, there is no compelling reason to support the medical necessity of a specialized brace over a standard brace. Therefore, request for ████████ Back Brace is not medically necessary.