

Case Number:	CM14-0167211		
Date Assigned:	10/14/2014	Date of Injury:	10/22/2007
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Pain Management 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 male patient with a date of injury of October 22, 2007. A utilization review determination dated September 30, 2014 recommends non-certification of a lumbar brace, Vascutherm cold therapy unit modified to a seven-day rental, and postoperative physical therapy 2x6 for the lumbar spine modified to 2x4. A progress note dated September 12, 2014 identifies subjective complaints of the patient returning about 10 months status post a L4-5 XLIF and L5-S1 XLIF followed by posterior fusion with instrumentation. The patient reports to be having increasing low back pain primarily on the left side, he states he recently fell and hurt his tailbone but his lower back is about the same. The patient's major source of pain is his neck. He rates his pain at a 7-10 out of 10. Current medications include Norco and Zanaflex. Physical examination identifies that the patient is focal he tender over the posterior lumbar hardware bilaterally, he has some dyesthesias into the left leg but sensation is grossly intact, and he has very point tenderness over the coccyx. The diagnoses include cervical disc displacement, acquired spondylolisthesis, spondylosis with myelopathy of the lumbar region. The treatment plan recommends removing the posterior lumbar hardware because the patient is symptomatic and the patient's pain has increased. X-rays of the lumbar spine, sacrum, and coccyx done on September 12, 2014 identifies that the anterior and posterior spinal fusion L4-5 is without hardware complication, there is slight anterior wedging at L1 and L2 vertebral bodies indeterminate age, mild overall spondylosis of the lumbar spine, no acute osseous injury to the sacred mark coccyx, slight retrolisthesis at L 2-3, disc space height fairly well maintained with multilevel mild marginal osteoarthritic spurring, and facet arthropathy most pronounced at L 3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with sub-acute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, the patients have been authorized for removal of L4-S1 hardware. However, it is not specified if the lumbar brace request is for post-operative use and it is unknown if the patient will require a lumbar back brace. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbar brace is not medically necessary.

Vascutherm 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 Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs

Decision rationale: Regarding the request for a Vascutherm cold therapy unit, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home during the initial postoperative period. Also, the request does not specify the number of days the cold therapy unit will be utilized, and there is no provision to modify the current request. As such, the currently requested Vascutherm cold therapy unit is not medically necessary.

Post-operative Physical Therapy 2x6 lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for post-operative physical therapy 2x6 for lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has been approved for removal of L4-S1 hardware. As such documentation, the current request for post-operative physical therapy 2x6 for lumbar spine is medically necessary.