

<b>Case Number:</b>	CM14-0142388		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 24-year-old male who was injured on March 31, 2012. The patient continued to experience pain in low, upper and midback. Physical examination was notable for positive straight leg raise, intact motor strength, and decreased sensation to left L5-S1 dermatomes. Diagnoses included herniated disc L5. Treatment included surgery, medications, acupuncture, and epidural steroid injection. Request for lumbar spinal fusion was authorized. Requests for authorization for purchase bone stimulator, purchase back brace, purchase 3-1 commode shower chair and cold unit rental for 7 days were submitted for consideration. The equipment requests were for post-operative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone stimulator e0748 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 (ODG)

**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 and thoracic, Bone growth stimulators

**Decision rationale:** The use of bone growth stimulators is under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. In this case the patient is not a high-risk patient. There is no documented pseudoarthrosis or instability. There is no indication for the bone stimulator. The request is not medically necessary.

**Back brace I0631 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 (ODG)

**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 and Thoracic, Back brace (post-fusion)

**Decision rationale:** The use of back brace after spinal surgery is under study. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. Medical evidence is lacking regarding the benefit of lumbar brace post spinal fusion. The request is not medically necessary.

**3-1 commode shower chair e0248 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME)

**Decision rationale:** Durable medical equipment is defined as equipment that can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. In this case the 3-1 commode shower chair is not customarily used to serve a medical purpose. In addition there is no documentation to support that the patient need special equipment for personal hygiene. The request should not be medically necessary.

**Cold unit rental 7 days E0218:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 and Thoracic, Cold/heat packs

**Decision rationale:** MTUS does not address this topic. Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy. While cold packs are useful for low back pain, there is no recommendation that a Cold unit is necessary to supply the cold applications to the affected area. Sufficient cold can be applied with the use of, cold packs. There is no medical necessity for rental of a cold unit. The request is not medically necessary.