

Case Number:	CM14-0212613		
Date Assigned:	12/30/2014	Date of Injury:	04/13/2011
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of 4/13/11. A utilization review determination dated 11/22/14 recommends non-certification/modification of LSO and water circulating heat pad with pump. 9/8/14 medical report identifies neck pain with numbness, low back pain, shoulder pain, left hip pain, loss of sleep due to pain, and "psychological complaints." On exam, there is tenderness, muscle spasm, cervical compression causes pain bilaterally, shoulder depression causes pain, limited ROM, Kemp's, SLR, Valsalva's, and Patrick's/FABERE all cause unspecified pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase LSO (Lumbar Sacral Orthosis) Sag-Coronal Panel Prefab (date of service 10/06/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for LSO, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO is not medically necessary.

Retrospective request for a water circulating heat pad with pump (date of service 10/06/2014): 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

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 water circulating heat pad with pump, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is no indication that the patient has acute pain and no clear rationale is provided for the use of a high-tech system rather than the simple packs supported by the guidelines. Unfortunately, there is no provision for modification of the request to allow for the use of simple hot packs. In light of the above issues, the currently requested water circulating heat pad with pump is not medically necessary.