

Case Number:	CM15-0123456		
Date Assigned:	07/07/2015	Date of Injury:	07/07/2011
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 57 year old male who sustained an industrial injury on 7/7/11. The mechanism of injury was tilting of his back while trying to remove a wheelchair bound patient from a van resulting in immediate low back pain. He was medically evaluated and received medications, x-rays, MRI, physical therapy and injections. He had a prior low back injury 10 years ago from a motor vehicle accident with full recovery. He currently complains of lumbar spine pain radiating across the back and down the left leg to calf that is improving with medication and with current pain level of 6-7/10. On physical exam there was tenderness on palpation of the lumbar spine, positive straight leg raise on the left. Medications are naproxen, Prilosec, Neurontin, Mentherm transdermal. Diagnoses include lumbar spine sprain/ strain; lumbago; rule out disc herniation; sacroiliitis; degenerative disc disease. Treatments to date include home exercise program; medications; injection with temporary relief; physical therapy. Diagnostics include MRI of the lumbar spine (12/13/14) showing disc desiccation, end plate degenerative changes; diffuse L1-2, L4-5, and L5-S1 disc herniation's causing spinal canal stenosis. In the progress note dated 5/14/15 the treating provider's plan of care included hot/ cold unit back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 hot/cold back brace (DOS 5/14/15): Upheld

Claims Administrator 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 & Thoracic (Acute & Chronic) - Cold/heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

Decision rationale: According to the ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold is recommended. There is no recommendation to specify that hot/cold application is beneficial in the form of a back brace. The documentation supports that the patient has a diagnosis of chronic low back pain w/o any new injury or acute pain. The medical necessity for a back brace with hot/cold application is not made. The use of a back brace for chronic low back pain is not medically necessary.