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| <b>Case Number:</b>   | CM15-0179117 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 04/23/2012 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 71 year old male, who sustained an industrial injury on April 23, 2012. The injured worker was being treated for lumbar spine stenosis and severe left-sided neural foraminal narrowing at L3-L4 (lumbar 3-lumbar 4) and L4-L5 (lumbar 4-lumbar 5) and lumbar radiculopathy. Medical records (April 24, 2015) indicate ongoing low back pain radiating to the left lower extremity. On April 24, 2015, the injured worker reports severe low back pain radiating to the left lower extremity with associated numbness, tingling, and weakness. The physical exam revealed limited lumbar range of motion in all directions, weakness in the left-sided tibialis anterior and extensor hallucis longus muscle groups, and decreased sensation over the left-sided L4 (lumbar 4) and L5 (lumbar 5) dermatomes. The treatment plan includes an interlaminar laminectomy with decompression at left L3-4 and L4-5. Treatment has included preoperative chiropractic and injection therapy, a back brace, and medications including pain and non-steroidal anti-inflammatory. The requested treatments included Q-tech cold therapy recovery system with wrap, 30 day rental and Apollo lumbar-sacral orthosis (LSO) brace. On August 15, 2015, the original utilization review non-certified a request for Q-tech cold therapy recovery system with wrap, 30 day rental and Apollo lumbar-sacral orthosis (LSO) brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy recovery system with wrap, 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 chapter and pg 17.

**Decision rationale:** According to the guidelines, cold packs are appropriate in the acute phase. Hot therapy may be more beneficial. Other chapters regarding post-operative care for other body systems indicate limited use for up to 7 days after surgery. In this case, the request for 30 days use exceeds the guidelines recommendations and is not beneficial for back pain for that time frame. The request is not medically necessary.

**Apollo LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Although, the claimant underwent surgery, long-term use is not beneficial. The length of use was no specified. The use of an Apollo LSO back brace is not medically necessary.