

Case Number:	CM15-0047181		
Date Assigned:	03/19/2015	Date of Injury:	01/31/2013
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female sustained an industrial injury to the neck and back on 1/31/13. Previous treatment included physical therapy, epidural steroid injections, magnetic resonance imaging and medications. In a PR-2 dated 2/20/15, the injured worker complained of ongoing neck and low back pain. Physical exam was remarkable for cervical spine with tenderness to palpation to the paracervical musculature and trapezius with limited and painful range of motion and positive right Spurling's test and lumbar spine with tenderness to palpation of the lumbar region with restricted and painful range of motion. Current diagnoses included lumbosacral spondylosis without myelopathy, brachial neuritis and lumbar spine stenosis. The treatment plan included lumbar decompression, preoperative clearance including chest x-ray, assistant surgeon, 12 postoperative physical therapy sessions, back brace, and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Back brace.

Decision rationale: The California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines do not recommend use of a back brace following a lumbar decompression procedure unless there is some other indication. Although a case may be made for use of a back brace postoperatively after a fusion procedure, ODG guidelines indicate that there is lack of evidence supporting the use of these devices. As such, the request for a back brace is not supported and the medical necessity has not been substantiated. Therefore, the requested medical treatment is not medically necessary.

Cold Therapy Unit (days not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Cold packs; Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend cold packs; however, a continuous flow cryotherapy unit is not recommended for the lower back. The guidelines do recommend continuous flow cryotherapy as an option for 7 days after shoulder and knee surgery. The request as stated does not specify if it is a purchase or rental and also does not specify the duration of the rental. As such, the medical necessity cannot be determined. Therefore, the requested medical treatment is not medically necessary.