

<b>Case Number:</b>	CM15-0064874		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45-year-old male, who sustained an industrial injury on 4/3/13. He reported initial complains of lower back pain. The injured worker was diagnosed as having lumbar sprain/strain; lumbar region; unspecified disc disorder. Treatment to date has included acupuncture; physical therapy; interlaminar epidural steroid injection with epidurogram (5/22/14); MRI lumbar spine (4/27/13); EMG/NCV lower extremities (9/11/14); status post microscopic lumbar laminectomy, laminotomy and disc excision L4-L5 right (1/6/15); medications. Currently, the PR-2 notes dated 12/18/14 indicated the injured worker complains of continued moderate-to-severe pain in his low back with radiating pain into his right leg, calf and foot worse with prolonged sitting, standing, and repetitive bending. He has a right paracentral disc herniation at the L5-S1 level. He has had conservative treatment including multiple epidural steroid injections. The provider requested and was authorized for his lumbar surgery. He additionally requested the Q-Tech Cold Therapy Recovery System with wrap, 21 day Rental and Purchase of Apollo Lumbar-Sacral Orthosis (LSO), which were denied at Utilization Review.

### 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, 21 day Rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous-flow cryotherapy.

**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 & Thoracic (Acute & Chronic), (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and underwent a lumbar microdiscectomy on 01/06/15. Post-operative treatments included physical therapy and as of 03/12/15, he had attended 12 sessions. When seen, there had been a 75% improvement. Physical examination findings included decreased and painful range of motion with positive right straight leg raising. The Q-tech recovery system is a combination compression and heat / cold unit. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, has few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested Q-Tech rental is not medically necessary.

**Purchase of Apollo Lumbar-Sacral Orthosis (LSO):** 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, Back brace, post operative (fusion).

**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 & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and underwent a lumbar microdiscectomy on 01/06/15. Post-operative treatments included physical therapy and as of 03/12/15 he had attended 12 sessions. When seen, there had been a 75% improvement. Physical examination findings included decreased and painful range of motion with positive right straight leg raising. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.