

<b>Case Number:</b>	CM15-0068886		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: California

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 71 year old male, who sustained an industrial injury on 05/05/2009. He has reported subsequent back pain and was diagnosed with axial low back pain due to bilateral L3-L4 and L4-L5 facet arthropathy and chronic pain syndrome. Treatment to date has included oral and topical pain medication, TENS unit, application of heat and ice and intra-articular lumbar facet joint injection. In a progress note dated 03/09/2015, the injured worker complained of back and lower extremity pain. Objective findings were notable for decreased range of motion of the lumbar spine, tenderness along the lumbosacral area, SI joints and hamstring on the right side, absent reflexes and straight leg raise at 60 degrees with back pain. A request for authorization of lumbar back support and back support insert, hot and cold wrap and pain management consultation for injection consult was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar back support and back support insert:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Regarding the request for back support, 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 injury 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 back support is not medically necessary.

**One hot and cold wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162-300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for a hot and cold wrap, California MTUS and ODG recommend the use of cold packs for acute complaints and hot packs thereafter. Within the documentation available for review, there is no rationale for the use of a high-tech wrap device rather than simple cold/hot packs recommended by the guidelines. In the absence of such documentation, the currently requested cold therapy unit is not medically necessary

**One consultation with pain management for injection consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that the purpose of the consultation is for injection consult, as the patient has had facet joint injections in the past and the provider is recommending repeating these injections. However, the guidelines recommend against the use of repeated facet joint injections and no other rationale for a pain management consultation has been presented. In the absence of clarity regarding the above issues, the currently requested consultation is not medically necessary.