

Case Number:	CM15-0075893		
Date Assigned:	04/27/2015	Date of Injury:	06/06/2014
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: Illinois, California, Texas
 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:

The injured worker is a 50-year-old female who sustained an industrial injury on 6/6/14. Injury occurred when she was walking and twisted to avoid a student who was pushed into her path. The 8/27/14 lumbar MRI documented a broad-based disc protrusion at L4/5 with facet arthropathy and ligamentum flavum hypertrophy resulting in moderate to severe canal and lateral recess narrowing with the L5 nerve roots at risk for impingement. The 3/11/15 treating physician report cited low back pain radiating into the right buttock and leg. Physical exam documented right antalgic gait, limited range of motion, 2/5 right ankle dorsiflexion weakness, diminished sensation over the right dorsal foot, and positive straight leg raise on the right. She had failed conservative treatment. Authorization was requested for a decompressive laminectomy on the right at L4/5. The 3/24/15 utilization review certified a request for right L4/5 laminectomy and laminotomy. The associated request for a lumbar brace was non-certified as guidelines do not support bracing post laminectomy. The associated request for a hot/cold therapy unit with wrap for purchase was non-certified based on an absence of guideline support for use after low back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op lumbar brace for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines 2nd Edition, Chapter 12, Low Back Disorders (Revised 2007), pages 138 and 139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The post-operative use of a brace would be reasonable for pain control. Therefore, this request is medically necessary.

Associated surgical service: Hot/cold therapy unit with wrap for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Neck and Upper Back Chapters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, pages 160 and 161.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot or cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a hot/cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.