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| Case Number: | CM15-0096104 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 07/09/2009 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 July 9, 2009. The injured worker was diagnosed as having lumbar spine degenerative disc disease with herniated disc at L4-L5, previous anterior cervical discectomy and fusion (ACDF) cervical spine doing well, and previous right shoulder rotator cuff repair. Treatment to date has included MRI, x-rays, cervical disc surgery, right shoulder surgery, rotator cuff repair, and medication. Currently, the injured worker complains of pain and discomfort in his back. The Treating Physician's report dated April 20, 2015, noted the injured worker reported having had improvement with an epidural steroid injection performed at L4-L5, with continued pain and discomfort. Physical examination was noted to show sciatic notch tenderness at L4-L5 on the right and left sides, worse on the left, with spinous process tenderness and equivocal straight leg raise in the sitting and supine positions bilaterally. The treatment plan was noted to include an epidural steroid injection (ESI) at L4-L5 on the right. A request for authorization dated May 6, 2015, was noted to include additional requests for a cold unit for the lumbar spine and a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for a cold therapy unit, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home during the initial postoperative period. In the absence of such documentation, the currently requested cold therapy unit is not medically necessary.

Lumbar back brace 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbar brace is not medically necessary.