

<b>Case Number:</b>	CM14-0073404		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 23 year old male who sustained an industrial injury on 09-14-2010. Mechanism of injury was a trip and fall injuring his back. Diagnoses include L5-S1 degenerative disc disease and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and epidural steroid injections. Initially he refused surgery for his back. On 03-18-2014 a Magnetic Resonance Imaging of the lumbar spine showed transitional lumbosacral S1 vertebral body and at L5-S1 there is 8-9mm broad posterior left paramedian protrusion with moderately severe left lateral recess encroachment and moderate central canal stenosis and mild to moderate left neural foraminal stenosis. His medications include Ibuprofen and Tylenol with Codeine #3. A physician progress note dated 05-16-2014 documents the injured worker continues to have lower back pain which radiates down the left more than right lower extremity, and he rates his pain as a 10 on the Visual Analog Scale. He has a decrease in sensation in the L4 dermatome bilaterally. Lumbar spine range of motion is restricted. Straight leg raise is positive bilaterally. He walks with an antalgic gait. Treatment requested is for Pneumatic Intermittent Compression Device for purchase, LSO Brace for purchase, and Fourteen (14) Day Rental of Cold Therapy Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fourteen (14) Day Rental of Cold Therapy Unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Low Back Disorders](https://www.acoempracguides.org/Low%20Back%20Disorders), Table 2.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment." Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.

**LSO Brace for purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back), Table 2, Summary of Recommendations, Low Back Disorders.

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

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

**Pneumatic Intermittent Compression Device for purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back), Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DVT prevention.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states DVT prevention in upper extremity surgery is not indicated due to low incidence in occurrence unless the patient has pre-existing risks. In lower extremity surgeries, pharmaceutical prevention is preferred over compression therapy unless contraindicated. There are no documented contraindications. Therefore the request is not medically necessary.