

Case Number:	CM13-0017849		
Date Assigned:	10/11/2013	Date of Injury:	05/30/2013
Decision Date:	01/14/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

38 yo male with lumbar spine injury on 5/30/13. Patient was approved for 6 visits of chiropractic treatment. Patient was not able to return to work due to pain. On 6/13/13 the pain was unbearable. Patient was not P&S as of 6/13/13. Examination showed +3 spasm from L1 to S1. Limited range of motion. Positive Kemps. SLR is positive and right patellar reflex was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section, MRI .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section, MRI.

Decision rationale: This patient has hand pain for more than one month. Furthermore, neuro exam showed decreased right knee reflex and positive SLR. Based on the neuro deficit, MRI is warranted and supported by ACOEM and ODG.

DME: lumbosacral orthosis: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports for prevention and treatment of low back pain .

Decision rationale: The Physician Reviewer's decision rationale: The systematic review did not provide evidence that lumbar supports are or are not useful in the primary prevention of low back pain in industry. The results of the systematic review showed that there is conflicting evidence on the effectiveness of lumbar supports in the treatment of low back pain. Lumbar supports are not recommended for primary prevention and treatment of low back pain. Physician requested lumbosacral orthosis to stabilize the spine and promote healing. There was no evidence that the patient has fracture, instability, spondylolisthesis or post operative instability to justify the request. Studies do not support the use of lumbar support in lower back pain.

Multi interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-120.

Decision rationale: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. This patient was not part of functional rehabilitation program with focus on return to work, exercise and medications. Stand alone use of ICS has not been shown to be effective. Therefore, the use of ICS is not supported by the guidelines.