MAXIMUS Federal Services

Case Number:	CM13-0022058		
Date Assigned:	10/16/2013	Date of Injury:	08/24/2011
Decision Date:	04/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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:

The patient is a 37 year-old male with a date of injury of 8/24/11. The listed diagnosis per [redacted] is L5-S1 degenerative disc disease with a L5 pars defect and associated stenosis. According to a report dated 3/28/13, the patient presents with continued upper back, lower back, and right leg pain. The patient continues to experience significant right scapular and mid back pain. He has undergone a C6-C7 fusion two years ago. An MRI done several months ago did not demonstrate any significant anatomic abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NEUROMUSCULAR STIMULATOR AND ELECTRODES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: The MTUS guidelines state that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic

pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, this patient suffers from chronic back pain and there is no indication of a prior stroke. The request is noncertified.

LUMBAR SACRAL ORTHOSIS BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 340. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines regarding state that lumbar supports are not recommended for prevention, but they are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain. In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. There is a mention of L5 pars defect, but no instability or spondylolisthesis. The patient has non-specific low back pain, but there is only very low-quality evidence to support the use of bracing for this condition. Given the lack of support from the guidelines, the request is noncertified.