MAXIMUS Federal Services

Case Number:	CM13-0026479		
Date Assigned:	11/22/2013	Date of Injury:	10/17/2012
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 and 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:

The patient is a 45-year-old female who reported a work related injury on 10/17/2012, specific mechanism of injury not stated. The patient presents for treatment of complaints of lumbar spine pain. The clinical note dated 07/19/2013 reports the patient was seen for followup under the care of [redacted]. The provider documents the patient presents with complaints of pain to the lumbar spine with radicular pain down her bilateral lower extremities. The patient is currently seeing [redacted]. The provider has recommended lumbar spinal epidurals. The provider documents the patient has utilized a course of conservative treatment; however, without resolve of her symptomatology. Upon physical exam of the patient's lumbar spine, 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base bilaterally. Examination also revealed 3+ pain over the spinous processes from L2-S1 bilaterally. Straight leg raise was positive at 70 degrees with no radicular pain into the bilateral lower extremities. Kemp's test was positive bilaterally. Gross motor strength was 5/5 to the hips, knees, and ankles. The patient was able to heel/toe walk and squat with pain. The provider documented the patient's treating diagnoses were lumbar spine discopathy, lumbar spine facet syndrome, and lumbar spine radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace for lumbar spine: 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): 301.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with low back pain complaints and radiation of pain to the bilateral lower extremities. The clinical notes document the patient is status post her work related injury of over a year's time. ACOEM indicates, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Given that the patient is not in the acute phase and does not present with any lumbar instability, the request for LSO Brace for Lumbar spine is neither medically necessary nor appropriate.

Combo care 4 stim plus supplies for lumbar: 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 current request is not supported. The clinical documentation submitted for review lacks evidence of the patient having utilized a trial of a TENS unit with poor efficacy noted. The clinical notes document the patient continues to present with significant lumbar spine pain complaints and radiation of pain to the bilateral lower extremities. California MTUS indicates, "Neuromuscular electrical stimulation is not recommended. It is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." Given all of the above, the request for combo care 4 stim plus supplies for lumbar is neither medically necessary nor appropriate.