

Case Number:	CM13-0030440		
Date Assigned:	11/27/2013	Date of Injury:	03/15/2012
Decision Date:	02/05/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 internal medicine, pulmonary diseases, 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 48-year-old male who reported an injury on 03/15/2012. The mechanism of injury was a motor vehicle accident. The patient's initial course of treatment included x-rays, medication, activity modification, physical therapy, and MRI. The patient reported no improvements in his symptoms with all of those modalities and was therefore, referred for acupuncture and chiropractic treatment. These modalities were also reported to have failed. The patient is noted to have received an initial epidural steroid injection on 05/06/2013 with a general statement reporting "improvement". He was to receive a second injection on 05/16/2013 with no reported improvement, and actually a worsening of symptoms. The patient's current medications include Lisinopril/hydrochlorothiazide 20/12.5 mg twice a day; Lomotil 1 tab every day as needed; Norco 10/324 mg 4 to 6 a day; and Soma 3 times a day/4 times a day. The patient continues to have persistent low back pain with intermittent tingling and numbness, constant mid back pain, and neck pain with intermittent headaches and numbness to the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft back brace: 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): 308.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not recommend the use of lumbar supports in the treatment of low back disorders. Guidelines state that lumbar supports have not been shown to have any lasting effect beyond the acute phase of symptom relief, and are only indicated if in occupational situations. The patient is not currently working, and as such, the request for soft back brace is non-certified.

Home heating pad: 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): 308-310.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines recommend at home local applications of cold in the first few days of acute injury; thereafter, applications of heat or cold are recommended for the treatment of low back disorders. The patient is in the chronic phase of his lumbar injury and as heat therapy can decrease pain symptoms. However, the clinical information submitted did not indicate at home application of heat by the patient had been unsuccessful. As such, the decision for home heating pad is non-certified.

Transcutaneous Electrical Nerve Stimulation (TENS) unit: 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 Transcutaneous Electrotherapy Page(s): 113-116.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines recommend the use of TENS if used as an adjunct to physical therapy for certain conditions. These conditions include neuropathic pain, phantom limb pain, CRPS II, spasticity, and multiple sclerosis. In the clinical records, the patient is noted to already have a home TENS unit from a previously prescribed treatment modality. Guidelines state that for patients using TENS, efficacy should be measured by documenting how often the unit was used, pain relief received from treatment, and any changes in functional ability. There should also be note of any decrease in medication usage while utilizing a TENS unit. A clinical note dated 07/11/2013 stated that although the patient had a home TENS unit, he reported no relief with its use. The patient's self report of ineffectiveness as well as the lack of any objective documentation regarding the effect of the TENS unit on the patient's pain and functional ability,

this treatment modality is not presently indicated. As such, the request for transcutaneous electrical nerve stimulation (TENS) unit is non-certified.