

Case Number:	CM13-0034263		
Date Assigned:	12/06/2013	Date of Injury:	06/23/2013
Decision Date:	02/13/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/14/2013

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, has a subspecialty in Pain Management 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.

CLINICAL CASE SUMMARY

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

This is a male patient with a date of injury of June 23, 2013. A utilization review determination dated September 16, 2013 recommends noncertification for a lumbosacral back brace and a neuromuscular electrical muscle stimulator. A medical report dated August 26, 2013 includes a subjective complaint indicating that the patient fell onto his right knee while leaving the zoo following his work shift. The patient has subsequently developed a limping gait which has caused a low back strain. The patient complains of pain in the right knee and low back. A set of objective examination findings indicate that the patient uses a cane for ambulation, positive Apley's compression test of the right knee, and muscular guarding throughout the para lumbar musculature. Current diagnoses include internal derangement of the right knee and lumbar strain. The treatment plan recommends chiropractic care, orthopedic evaluation, neurostimulator, and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral LSO-LS back brace: Overturned

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

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

Decision rationale: Regarding the request for compressive lumbar support brace, the ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state that lumbar support braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it appears the patient is still within the acute (or subacute) phase of treatment. Both ODG and Occupational Medicine Practice Guidelines state that lumbar supports may be effective during the acute (or subacute) phase of treatment. The requesting physician has identified that the patient has tenderness around the paralumbar area which is exacerbated by the patient's antalgic gait. Therefore, the use of a lumbar support meets the Occupational Medicine Practice Guidelines criteria and ODG criteria, and is therefore medically necessary.

Neuromuscular electric stimulator (ART MEDs 3 stimulator): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for neuromuscular stimulator, the Chronic Pain Medical Treatment Guidelines state that neuromuscular stimulators are not recommended. They go on to state that neuromuscular stimulators are used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Therefore, in the absence of guideline support for neuromuscular electrical stimulation, the currently requested neuromuscular stimulator is not medically necessary.