

Case Number:	CM13-0037681		
Date Assigned:	12/18/2013	Date of Injury:	01/24/2010
Decision Date:	03/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 52-year-old female sustained an injury on 1/24/10. The date of request for the interferential unit and corset was 5/18/11. At that time, the progress note on 5/18/11 states that the patient was having increased pain in the lower back with radiation to her legs. She couldn't stand or sit and it was uncomfortable lying down. She was doing a home stretching exercise and heat helps sometimes. Pain radiates to her toes and there is increased swelling of her right leg and foot with pain. Patient had Tenderness and guarding of the lumbar spine and positive SLRs bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

interferential unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: As far as electrical stimulation is concerned, Evidence is lacking concerning the effectiveness of electrical stimulation. There is little evidence on what stimulation parameters provide the optimal pain relief nor is there good evidence on long-term effectiveness. There is no

documentation that this patient is involved in an evidence-based functional restoration program. There is no documentation that other appropriate pain modalities have been tried. If electrical stimulation is to be tried, then a 1 month trial of a rented TENS unit with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, needs to be done. Other ongoing pain treatments need to be documented during this trial. As well as a treatment plan including specific short and long-term goals of treatment with the TENS unit. Therefore until all these parameters have been met, the medical necessity for purchasing an interferential unit has not been established.

lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As of the request date of 5/18/11, the patient had been having symptoms for over a year. She was no longer in the acute phase of her symptoms and according to the guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the medical necessity of a lumbar corset has not been established.