MAXIMUS Federal Services

Case Number:	CM13-0039981		
Date Assigned:	12/20/2013	Date of Injury:	09/10/2010
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Pain Management, 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:

This is a 72 year-old male with a 9/10/10 industrial injury claim. According to the 8/30/13 orthopedic report from [redacted], the patient presents in severe pain for the last 2-weeks. He has severe low back pain radiating down both legs, and has been diagnosed with an acute exacerbation of lumbar sprain/strain with possible lumbar spinal stenosis secondary to fusion or pseudoarthosis fusion. The condition is reported to be worse, and [redacted] recommended a CT scan, and prescribed naproxen, Prilosec, Norco and Soma. He recommended a VQ orthostim with interferential garment and a rigid lumbosacral corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL X 2 MONTHS FOR INTERFERENTIAL UNIT FOR HOME USE PER REQUEST DATED 8/30/13, QTY: 2:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC)-Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Interferential Current Stimulation (ICS) Pag.

Decision rationale: The patient presents 2-weeks after a flare up of severe low back pain. The physician has recommended an OrthoStim unit. The OrthoStim unit is a combination unit that does Interferential, as well as Neuromuscular Electrical Stimulation (NMES). MTUS guidelines do not recommend Interferential as an isolated intervention, and only if pain is not controlled with medications, or if there is history of substance abuse or unresponsive to conservative care. The records show the physician also prescribed pain medications on the same visit and there is no discussion of the medications not being effective. MTUS also specifically states NMES is not recommended. The Orthostim unit that contains either Interferential or NMES is not in accordance with MTUS guidelines.

IF UNIT CONDUCTIVE GARMENT PER REQUEST DATED 8/30/13, QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC)-Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Interferential Current Stimulation (ICS) Pag.

Decision rationale: The patient presents 2-weeks after a flare up of severe low back pain. The physician has recommended a conductive garment for use with the interferential unit. The use of the interferential unit without documenting efficacy of medications, or history of substance abuse, or attempting conservative measures, was not in accordance with MTUS guidelines, so the conductive garment for a device that is not in accordance with MTUS guidelines would not be necessary. MTUS also states the "jacket" should not be certified until after a one-month trial. The request is not in accordance with MTUS guidelines.

PURCHASE LSO BRACE (VISTA) PER REQUEST DATED 8/30/13, QTY 1: Overturned

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 & 308.

Decision rationale: The patient presents 2-weeks after a flare up of severe low back pain. The physician has requested a rigid lumbar corset. MTUS/ACOEM guidelines state: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief." The overall condition is chronic, the lumbar corset was requested for an acute and severe exacerbation of low back pain. The guideline does not appear to suggest the lumbar support has

any benefit after the acute phase, but this patient with the exacerbation is considered to be in an acute phase. The lumbar corset appears to be in accordance with MTUS/ACOEM guidelines.