

Case Number:	CM13-0047474		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2009
Decision Date:	05/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

The injured worker is a 64-year-old male who reported an injury on 11/02/2009. The mechanism of injury was not stated. Current diagnoses include brachial neuritis/radiculitis and lumbago. The injured worker was evaluated on 09/24/2013. The injured worker reported progressively worsening lumbar spine pain. Physical examination was not provided. Treatment recommendations included physical therapy twice per week for 4 weeks, a replacement stimulator device, and a replacement LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL(IF) UNIT REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. As per the documentation

submitted, there is no evidence of a failure to respond to conservative treatment. There was also no documentation of objective functional improvement as a result of the ongoing use of this device. Despite ongoing use, the injured worker continues to report progressively worsening low back pain. There was no evidence of a treatment plan with the specific short and long-term goals of treatment with the unit. Therefore, based on guidelines and a review of the evidence, the request for Interferential Unit is not medically necessary.

LUMBAR SACRAL ORTHOSIS (LSO) BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no physical examination provided on the requesting date. There was no documentation of significant instability. The medical necessity has not been established. Therefore, the request for Lumbar Sacral Orthosis is not medically necessary.