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| Case Number: | CM13-0055686 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/29/2012 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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 & 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 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 53 year old female who sustained an injury on 4/29/2012 while the usual and customary work activities. Treatment history included: Hot-cold flexi pack, moist heat pad, lumbar support, lumbar pillow, back hugger and orthotics, Naproxen, Cyclobenzaprine and a topical gel was prescribed, along with chiropractic treatment. Electrodiagnostic testing performed on 09/09/2012 was unremarkable for radiculopathy. On 03/09/2013, MRI of lumbar spine revealed a disc desiccation at L4-L5 with associated with loss of disc height; modic and plate type II degenerative changes involving the interior end plate of L4 and the superior end plate of L5; L4-L5 disc bulge measuring 2.9 mm in neutral 2.0 mm in flexion, and 2.9mm in extension which caused bilateral neural foraminal narrowing and spinal canal narrowing. A clinic note dated 09/25/2013 indicated the patient complained of low back pain, pain and tingling throughout the bilateral lower extremities and sleep disturbance which resulted from chronic low back pain. On exam, palpation revealed muscular guarding, trigger points and hypertonicity within the paralumbar musculature, including the quadrates lumborum and erector spinae muscle groups. Sitting straight leg test were positive on the right at 45 degrees and negative on the left. The supine straight leg test (Lesegue's) was positive bilaterally at 45 degrees. The sciatic stretch (Braggard's) test was positive bilaterally at 40 degrees. Kemp's orthopedic test was positive. Milgram's (leg lowering) orthopedic test was positive. Minor's orthopedic test was positive. Deep tendon reflexes was considered normal. Sensory dermatomes tested with a Wartenberg pinwheel revealed decreased sensitivity within the sensory dermatomes of L4 and L5 on the right. The patient was diagnosed with lumbar disc disease and lumbar IVDD without myelopathy. The current review is for 4 interferential unit with garment and LSO back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

A MEDS-4 interferential unit with garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator Page(s): 118-120.

Decision rationale: As per CA MTUS guidelines, interferential stimulators are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, guidelines indicate interferential stimulation may be used if: 1) Pain is ineffectively controlled due to diminished effectiveness of medications; or 2) Pain is ineffectively controlled with medications due to side effects; or 3) There is a history of substance abuse; or 4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5) The patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The records submitted showed no documentation that suggested this patient has returned to work or doing home exercises. Also, there is no indication that there was an attempted one-month trial that showed evidence of increased functional improvement, less reported pain, and reduction in medication use. Therefore, the request for the MEDS-4 interferential unit with garment is not medically necessary.

LSO back brace: Upheld

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

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: CA MTUS guidelines indicate that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. Additionally ODG guidelines indicate lumbar supports are not recommended for prevention. Recommended as an option for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Further ODG indicates, they are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The provider has requested lumbar support to restrict mobility of the trunk and facilitate healing. The guidelines indicate the postoperative use of lumbar support is under

study and also without the approval of surgery, the medical necessity for lumbar support has not been established. Thus, the request for LSO back brace is non-certified.