

Case Number:	CM13-0056894		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	03/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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, 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 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 patient is a 42-year-old male with date of injury of 11/01/2011. Per handwritten progress report, 10/11/2013, [REDACTED] has patient presenting with low back pain 7/10, thoracic pain at 6/10, left leg at 3/10, depressed debility sleeping. Listed diagnoses are thoracic disk prolapse, lumbar disk prolapse. Recommendation is for MRI of the thoracic spine, ART stimulation, low back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

An ART stimulator unit with a garment and electrode (three month rental): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient presents with chronic low back and thoracic pain. The treating physician has asked for ART stimulation, which appears to be a neuromuscular stimulation electrical unit. MTUS Guidelines state that neuromuscular electrical stimulation is not

recommended. Given that the MTUS Guidelines do not support muscle stimulation units, recommendation is for denial.

The purchase of a lumbosacral orthotic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 308..

Decision rationale: For lumbar supports, ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. On page 308 of ACOEM Guidelines under "corset for treatment" this is not recommended. Guidelines also do not recommend lumbar supports except for compression fracture and specific treatment of spondylolisthesis, documented instability, and treatment of nonspecific low back pain (very low quality evidence but may be a conservative option). This patient does present with nonspecific low back pain but there is only very low quality evidence for use of lumbar support. This patient does not present with any other diagnosis that are indicated for use of lumbar supports. Recommendation is for denial.