

Case Number:	CM13-0066686		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2010
Decision Date:	04/21/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine, 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 documentation submitted for review did not indicate the patient had any low back pain complaints. ACOEM Guidelines state lumbar supports are not recommended for the treatment of low back disorders. Therefore, the use of a lumbar support is contraindicated. The documentation submitted for review did not include any documentation including a physical examination of the patient's back. Therefore, the request for a lumbar support is unclear. Given the information submitted for review, the request for 1 Kronos pneumatic back brace is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 DAY RENTAL OF PRO-TECH MULTI STIM UNIT PLUS SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 116.

Decision rationale: The documentation submitted for review did not indicate the patient had participated in a 30 day trial of the unit. The MTUS Chronic Pain Guidelines recommend a 30 day trial of a TENS unit for patients with chronic intractable pain that is documented for at least

3 months duration. The documentation submitted for review did not indicate the patient had chronic intractable pain secondary to a medical condition for which the TENS unit is recommended. Furthermore, the documentation submitted for review did not indicate the TENS unit as part of the treatment plan. The MTUS Chronic Pain Guidelines further state there should be evidence that other appropriate pain modalities have been tried and failed. The documentation submitted for review did not indicate the patient had failed other modalities of treatment. Given the information submitted for review, the request for a 90 day rental of a Pro-Tech multi stim unit plus supplies is not medically necessary and appropriate.

1 KRONOS PNEUMATIC BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The documentation submitted for review did not indicate the patient had any low back pain complaints. ACOEM Guidelines state lumbar supports are not recommended for the treatment of low back disorders. Therefore, the use of a lumbar support is contraindicated. The documentation submitted for review did not include any documentation including a physical examination of the patient's back. Therefore, the request for a lumbar support is unclear. Given the information submitted for review, the request for 1 Kronos pneumatic back brace is not medically necessary and appropriate.