

Case Number:	CM13-0067126		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2011
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery, has a Fellowship trained in Spine Surgery 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 38-year-old female who reported an injury on 05/02/2011. The mechanism of injury was noted to be a slip and fall. She is diagnosed with status post L5-S1 lumbar laminectomy and postlaminectomy syndrome, persistent severe low back pain; and right lumbar radiculopathy. Her previous treatments were noted to include activity modification, physical therapy, and a laminectomy at L5-S1, chiropractic care, and pain medications. Her symptoms were shown to include low back pain with radiation down both lower extremities, more on the right side, with occasional numbness and tingling. Her physical examination findings were shown to include slightly decreased motor strength to -5/5 in bilateral ankle dorsiflexion and plantar flexion, normal sensation in the bilateral lower extremities, and a positive right-sided straight leg raise at 40 degrees. A Request for Authorization form for an interferential stimulation unit with a garment and an LSO back brace was submitted on 11/15/2013. The rationale for the request was not provided within the 11/15/2013 progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BACK BRACK # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, lumbar supports have not been shown to have any therapeutic benefit beyond the acute phase of symptom relief. As the injured worker was noted to have reported an injury in 2011, she is beyond the acute phase of symptom relief. Therefore, use of an LSO brace is not supported by the evidence-based guidelines. As such, the request for LSO back brack is not medically necessary.

MEDS-4 INTERFERENTIAL UNIT WITH GARMENT # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (Ics) Page(s): 118-120.

Decision rationale: According to the California MTUS Guidelines, interferential current stimulation is not recommended as an isolated intervention. However, it may be recommended as an adjunct to recommended treatment such as return to work, exercise, and medications when there is limited evidence of improvement with those treatments alone. The clinical information submitted failed to provide a rationale for the injured workers need for an interferential current stimulation unit. Further, the guidelines indicate that when an interferential current stimulation unit is found to be medically necessary, a 1-month trial may be appropriate. However, a conduction garment should not be certified until after the 1 month trial with documentation of objective functional improvement. As the injured worker was not shown to have had previously had a 1-month trial with an interferential unit, the request for the purchase of a unit with a garment is not supported. As such, the request for MEDS-4 interferential unit with garment is not medically necessary.