

<b>Case Number:</b>	CM13-0069821		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and Virginia. 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 patient is a 43 year old male who was injured on 04/24/2013 while turning over onto my belly and was flexing his back to get out of a machine; he felt something pop and a heat sensation in my low back. Prior treatment history has included cyclobenzaprine and possibly Vicodin. Diagnostic studies reviewed include: Electrodiagnostic examination performed on 11/13/2013 revealed a chronic left S1 nerve root impingement. MRI of the lumbar spine performed on 05/14/2013 revealed: 1. Lumbar spondylosis at L2-3, L4-5, and L5-S1 2. At L5-S1, a 5.5 mm disc protrusion lateralizing toward the left side and displacing the left S1 nerve root posteriorly 3. At L4-5, a 3 mm posterior disc protrusion lateralizing toward the left side Initial Orthopedic Agreed Medical Examination dated 10/23/2013 documented the patient to have complaints of constant, aching and burning pain in the low back. He also complains of pain and numbness that radiates into the left leg with tingling in the toes. He rates his pain at 6. He presented with a cane which he uses because of the numbness in his left leg. Objective findings on examination of the lumbar spine revealed palpable tenderness of the lower lumbar spine and muscle spasm of the bilateral lumbar paravertebral muscles. Active range of motion of the lumbar spine revealed decreased extension and flexion; knee reflexes are 2+ bilaterally and Achilles reflex is 2+ bilaterally; straight leg raising seated is 60 degrees on the right and 40 degrees on the left; straight leg raising supine is 60 degrees on the right and 20 degrees on the left; Fabere maneuver test is negative bilaterally. His sensory exam revealed decreased sensation; grade IV, left L5 distribution. The patient was diagnosed with 5 mm disc at L5-S1 with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Lumbosacral Orthosis: 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), Low Back- Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41, Low Back Pain, pages 883 - 928.

**Decision rationale:** According to the evidence-based guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is approaching one year status post his industrial injury date. At this juncture, the use of devices such as lumbosacral braces should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to cause weakness and atrophy of the paraspinal musculature. The medical necessity of a lumbosacral orthosis has not been established.

**1 Month of a Multi-Interferential Stimulator Unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation, 3rd Edition, 2007, Chapter 21: Physical Agent Modalities, pages 459 - 478.

**Decision rationale:** According to the guidelines, interferential stimulation is not recommended as there is no evidence supporting or establishing efficacy for this form of treatment. The medical records do not establish this patient has any of the above listed criteria such as history of substance abuse or significant postoperative pain, or ineffective pain control with medications due to significant side effects. The medical records do not establish that rental of an interferential stimulator device is appropriate or medically necessary for the management of this patient's diagnosis.

**12 Initial Physical Therapy Visits for the Left Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sprains and Strain of Hip and Thigh.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Physical Medicine and

Rehabilitation, 3rd Edition, 2007, Chapter 40: Musculoskeletal Problems of the Lower Limb, pages 855 - 882.

**Decision rationale:** The medical records do not appear to document any specific injury or functional deficit affecting the left hip. It is not documented whether the patient has attended therapy in the past, and if so, when last attended, the number completed, and his response to the rendered treatment. To necessitate a course of supervised physical therapy, there needs to be clear evidence of an injury or pathology affecting that body part which would potentially benefit from a course of PT. In the absence of an actual functional deficit in the left hip, the medical necessity of a course of PT for the hip has not been established.