

Case Number:	CM13-0072611		
Date Assigned:	01/17/2014	Date of Injury:	08/14/2013
Decision Date:	05/08/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a cane; and unspecified amounts of physical therapy. In a Utilization Review Report of December 17, 2013, the claims administrator apparently denied a cane, multi-stimulator device, electrodes, batteries, and lumbar support. A variety of non-MTUS and MTUS guidelines were cited. The attending provider stated that usage of cane was discouraged. The applicant's attorney subsequently appealed. A January 7, 2014 progress note is notable for comments that the applicant reports persistent knee and low back pain. The applicant exhibits a positive McMurray maneuver and postsurgical scars about the knee. The applicant is status post knee surgery. The applicant was using a cane to move about. Postoperative physical therapy, MRI imaging, and functional capacity testing were sought while the applicant was placed off of work, on total temporary disability. In an earlier note of September 26, 2013, the applicant was described as having persistent knee and low back pain with symptoms including popping, catching, and giving way. The applicant exhibited limited knee range of motion with provocative testing suggestive of meniscal derangement. Authorization for knee arthroscopy was sought. In a subsequent note of October 15, 2013, the attending provider did place the applicant off of work, on total temporary disability and asked the applicant to employ a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTECH MULTI-STIM UNIT FOR RENTAL X 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NEUROMUSCULAR ELECTRICAL STIMULATION, SECTION INTERFERENTIAL CURRENT STIMULATION, SECTION.

Decision rationale: According to the product description, the multi-stimulator unit contains three forms of electrical stimulation, a conventional TENS therapy, interferential current stimulation, and neuromuscular stimulation. At least one of the modalities in the device, however, neuromuscular stimulation, is not recommended in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, which further suggest that neuromuscular stimulation is not recommended outside of the post-stroke rehabilitated context. It is further noted that pages 116 and 120 of the MTUS Chronic Pain Medical Treatment Guidelines tepidly support usage of interferential current stimulation and/or conventional TENS in individuals in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, however, there is no evidence that the employee has in fact failed other appropriate pain modalities, including pain medications. The request is not certified as it appears that all of the modalities in the multi-stimulator unit are not recommended in the chronic pain context present here, with this applicant.

ELECTRODES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the multi-stimulator unit has not been certified, above, the derivative electrodes are likewise not certified.

BATTERIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the multi-stimulator unit has not been certified, above, the derivative batteries are likewise not certified.

APOLLO LSO BACK BRACE FOR PURCHASE: 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): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, as of the date of the Utilization Review report, December 17, 2013, the employee was clearly outside of the acute phase of symptom relief. Accordingly, the request is not certified, on Independent Medical Review.