

Case Number:	CM14-0103794		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2013
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on November 30, 2013. The mechanism of injury is noted as a trip and fall over a sprinkler head. The most recent progress note, dated June 11, 2014, indicates that there were ongoing complaints of mid back pain, low back pain, right shoulder pain, and right wrist and hand pain. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles from L1 to S1 with spasms. There was a positive Kemp's test and Yeoman's test. The right-sided Achilles reflex was decreased and sensation in the lower extremities was normal. Examination the right shoulder noted decreased range of motion and a positive Speed's test, Codman's test, and supraspinatus test. There was tenderness and spasms over the right wrist. Diagnostic imaging study results are unknown. Previous treatment includes physical therapy and medications. A request had been made for an Apollo lumbosacral orthosis and the use of an inferential unit and was non-certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbosacral orthosis (LSO) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 5/12/14), Lumbar Supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Lumbar Supports, Updated August 22, 2014

Decision rationale: According to the Official Disability Guidelines a lumbar support is not recommended for prevention of low back pain. It is recommended as an option for the treatment of compression fractures, spondylolisthesis, and documented instability. As the injured employee was not diagnosed with any of these conditions, this request for an [REDACTED] lumbar sacral orthosis is not medically necessary.

IF (Interferential) Unit x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The California MTUS Guidelines do not support Interferential therapy as an isolated intervention. The Guidelines will support a one-month trial in conjunction with physical therapy, and exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an IF Unit one-month trial. As such, this request for the use of an inferential unit is not medically necessary.