

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0103924 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 07/23/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/24/2014 |
| 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 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 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:

This is a 54 year old female with a 7/23/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/5/14 noted subjective complaints of neck and right wrist pain as well as low back pain. Objective findings included decreased cervical ROM, tenderness along the lumbar paraspinals. Diagnostic Impression: brachial neuritis, lumbar radiculopathy. Treatment to Date: physical therapy, chiropractic, acupuncture, medication management. A UR decision dated 6/24/14 denied the request for 6 localized intense neurostimulation therapy sessions. It also denied medium LSO lumbar spine brace. Evidence-based guidelines clearly state that lumbar braces do not provide any prolonged benefit beyond the acute phase of injury. A search of guidelines did not reveal any specific recommendations supporting localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy Sessions #6: Upheld

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

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 chapter

Decision rationale: CA MTUS does not specifically address this issue. Official Disability Guidelines (ODG) states that Localized intense neurostimulation therapy (LINT) is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The requesting provider does not establish circumstances that would warrant LINT therapy despite lack of positive evidence. Therefore, the request for localized intense neurostimulation therapy sessions #6 is not medically necessary.

LSO Lumbar spine brace, Medium: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, Official Disability Guidelines (ODG) states that lumbar supports are not recommended for prevention as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain as a conservative option. However, with a 7/2013 original date of injury, the patient is far beyond the acute phase of injury. Additionally, there is no evidence to support its use in preventing back pain. There is no documentation of compression fractures, spondylolisthesis, or instability. It is unclear how a back brace would be of benefit to the patient. Therefore, the request for LSO lumbar spine brace, medium is not medically necessary.