MAXIMUS Federal Services

Case Number:	CM14-0108303		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2014
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas. 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 55-year-old male who reported injury on 06/09/2014. The mechanism of injury was noted to be the injured worker pulled at a door with a little more force, causing him to feel a pop in his back with an onset of pain in the neck and bilateral shoulders. Other therapies included physical therapy and medications. The surgical history was not provided. The diagnostic studies included lumbar spine x-rays and right shoulder x-rays that were reportedly normal. The documentation of 06/20/2014 revealed the injured worker had complaints of neck pain, back pain, and bilateral shoulder pain, as well as psychiatric complaints and sleeping problems. The injured worker's diagnoses included lumbosacral musculoligamentous sprain and strain with radiculitis, rule out lumbosacral spine discogenic disease. There was no physical examination. The treatment plan included Menthoderm gel 240 g, a lumbosacral brace, and an interferential unit, as well as a hot and cold unit, an MRI of the cervical spine and right shoulder, EMG/NCV of the bilateral upper extremities and physical performance FCE to ensure the injured worker could safely meet the physical demands of his occupation. Additionally, the treatment plan included physical therapy 2 times a week x6 weeks for the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbosacral Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. Additionally, the continued use of back braces could lead to deep conditioning of the spinal muscles. The clinical documentation submitted for review failed to provide a documented rationale for the use of the lumbar spine brace. There was a lack of documentation of instability in the spinal column. Given the above, the request for a purchase of a lumbosacral brace is not medically necessary.

Purchase of Interferential Uni: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review indicated the injured worker was to undergo therapy. However, there was a lack of documentation indicating the injured worker was approved for therapy. Given the above, the request for purchase of an interferential unit is not medically necessary.