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| Case Number: | CM14-0108345 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 07/22/1997 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/25/2014 |
| 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old female with a work injury dated 7/22/97. The diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy, cervical spine myoligamentous injury, occasional sleep deprivation. Under consideration is a request for an IF Unit rental and an LSO Brace. There is a primary treating physician (PR-2) document dated 5/29/14 that states that the patient has intermittent lumbar spine pain increases with any increased activities of daily living. Moist heat and walking decreases the pain. The pain radiates into bilateral lower extremities and complains of left /lower extremity weakness: She previously was experiencing numbness and tingling into the lower extremities, which is not currently happening. She has difficulty with balance and indicates she has fallen and her legs give out. She has occasional cervical spine pain with walking that radiates in to bilateral shoulders. She has sleep difficulty due to lumbar spine pain. On exam there is cervical spasm, tenderness, and positive bilateral provocative testing including positive bilateral cervical distraction, foraminal compression, shoulder decompression testing. The bilateral upper sensory testing and reflexes were normal. There was positive Kemp, Milgram and Valsalva testing bilaterally. There was decreased sensation on the anterior of the left leg. The treatment plan included two month IF unit rental rental (to purchase) should patient benefit from treatment, a cervical pillow, and a LSO brace to be worn part time to assist with daily living activities. A 7/19/14 document states that physical therapy and medications have helped the patient with her cervical and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: IF unit (Chronic Pain Chapter)ACOEM Guidelines Chapter on Chronic Pain (August 2008) , page 189; Interferential Therapy (IFT or IT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulators (E-stim), page 45; Transcutaneous electrotherapy- page 114; Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: IF Unit rental is not medically necessary per the MTUS guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines states that an interferential unit can be considered for a one month trial if the patient's pain is ineffectively controlled due to diminished effectiveness of medications or a medication side effects, history of substance abuse; significant post op pain, or unresponsive to conservative measures. The request for the IF unit rental does not have a duration stated. The documentation does not reveal that the patient fulfills the above criteria. There is no documentation that she is unresponsive to conservative care. The July 19,2014 document indicates that physical therapy has helped her cervical and low back pain. The request for IF Unit rental is not medically necessary.

LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (revised November 2007); Page 301; Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back-lumbar support.

Decision rationale: The request for an LSO brace is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS ACOEM states that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The ODG states that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The documentation indicates that the lumbar brace was to be worn to assist with activities of daily living. This is not recommended by the ACOEM MTUS guidelines. Furthermore, there is no documentation of lumbar instability or compression fracture therefore the request for LSO Brace is not medically necessary.

