

Case Number:	CM14-0011489		
Date Assigned:	02/21/2014	Date of Injury:	11/11/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/29/2014

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 Interventional Spine, 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:

The patient is a 26 year old male with date of injury 11/11/13. The treating physician report dated 12/11/13 indicates that the patient presents with pain affecting the right wrist and hand with severe numbness into his right index finger as well as lumbar pain with radiation into the buttocks. The current diagnoses are Lumbar disc displacement with myelopathy, tendinitis bursitis of the right hand and wrist, Metacarpal phalangeal sprain/strain of right index finger, Healed wound of finger. The utilization review report dated 12/27/13 denied the request for Lumbosacral orthosis and a one month trial of multi interferential stimulator based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: LUMBOSACRAL ORTHOSIS (LSO BACK BRACE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (Acoem Practice Guidelines, 2nd Edition (2004), Chapter 12), Summary of Recommendations, Table 2, and Hand and Wrist, Table 2, Summary of Recommendations, Hand and Wrist Disorders (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The patient presents 30 days post injury with constant severe lower back pain following an injury to the finger that caused him to fall backwards landing on his buttocks. The current request is for lumbosacral orthosis. The treating physician states, "Lumbosacral orthosis (LSO) was prescribed for the patient in order to stabilize the lumbar spine and promote healing." The ACOEM Guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. Corsets for treatment - Not Recommended. In occupational setting, corset for prevention- Optional." The treating physician has the patient totally temporarily disabled (TTD) for 60 days. The ODG guidelines state, "Treatment: 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)." Neither ACOEM nor ODG support use of lumbar supports for chronic low back pain. For non-specific back pain, ODG states that there is a very low grade evidence. Recommendation is for denial.

DME: MULTI INTERFERENTIAL STIMULATOR X 1 MONTH RENTAL FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 2 online version. Decision based on Non-MTUS Citation Summary of Hand and Wrist, Table 2, Summary of Recommendations, Hand and Wrist Disorders (online version).

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

Decision rationale: The patient presents 30 days post injury with constant severe lower back pain following an injury to the finger that caused him to fall backwards landing on his buttocks. The current request is for a multi interferential stimulator x 1 month rental for the lumbar spine. The MTUS Guidelines for Interferential Current Stimulation (ICS) states, "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. MTUS goes on to state, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician report dated 12/11/13 (30 days post injury) states, "the MultiStim Unit is required due to other treatments already having been attempted, continued pain over 3 months, and planned ongoing treatments." The MTUS guidelines do not recommend ICS

as an isolated intervention and there is no documentation to indicate that any of the criteria to support this treatment is present. Request is not medically necessary.