

Case Number:	CM14-0162828		
Date Assigned:	10/08/2014	Date of Injury:	07/25/2014
Decision Date:	11/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology 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 Injured Worker (IW) is a 39 years old male with a reported date of injury of 7/25/14. The mechanism of injury is described as thoracic back pain when the IW was moving a pallet using a pallet jack. An exam of the IW dated 8/5/14 is notable for only tenderness in the thoracolumbar region. There are no objective physical abnormalities noted on this exam. The IW did have X-rays (plain films) of the thoracic and lumbar regions. There were no abnormalities appreciated on these imaging studies. The primary treating physician had recommend the IW limit his lifting to only ten pounds. A previous request for a functional capacity evaluation and to use an interferential unit in addition to a lumbar spine support were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The Chronic Pain Medical Treatment Guidelines of the MTUS recommend having an assessment that can be used repeatedly over the course of treatment to demonstrate improvement of function. In this case, the IW was restricted to lifting only ten lbs. by his primary treating physician. In order to assess his function and ability to return to performing his job, it is essential to evaluate his functional capacity to establish a base to develop a treatment plan. The request is medically necessary.

Interferential unit, lumbar spine support part-time: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Interferential Current Stimulation (ICS) pp Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines of the MTUS do not recommend using Interferential current therapy as an isolated intervention due to lack of significant evidence of support in the clinical trials (poor study design or problems with the methods used). In addition there is not a plan of therapy to include other modalities of treatment for the injured worker with the exception of a part time lumbar spine support. The request for the use of an Interferential unit is not recommended. Regarding the use of lumbar spine supports, the MTUS does not recommend the use of these supports beyond the acute phase of treatment. Since the reported date of injury is 7/25/14, this is beyond the acute phase of an injury and therefore the request for the use of a lumbar spine support is not medically necessary.