

Case Number:	CM14-0164567		
Date Assigned:	10/09/2014	Date of Injury:	06/16/2010
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in New York. 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 member reported being in his usual state of health the day of the reported injury 16Jun10. He worked as an electrician and was stringing overhead temporary cable that day. There was no specific event but by the end of his shift he noticed back pain and stiffness. He was seen and evaluated had plain X-rays and later a CT scan. Later with ongoing pain he had an MRI and was taken off work. Some months later he was returned to his usual duties. Over the course of the next two years he continued to experience back pain without further treatment. He experienced gradually increasing problems particularly with stooping, bending lifting and carrying, all part of his usual job related activities. In July 2013 he sought care for the problem with his family physician. An MRI was obtained and was reported to have found spinal stenosis. He was referred for PT and returned to work with modified duties. PT was of only temporary benefit and he was referred for Epidural Steroid injections with only marginal benefit after 3 episodes of care. His last follow up was May 2014 and he had returned to his usual and customary duties with continuing back, hip and leg pain. The plain film, CT and MRI reports were unavailable for review. He was seen by the PTP 17Sep14 who noted complaints of LBP radiating into the legs as well as hip pain. His examination found TTP over the LS spine as well as the L sacroiliac joint and sciatic notch. SLR was noted as positive. ROM of the lumbar spine was approximately of the normal range. Sensation, muscle strength, bulk and tone and reflexes were noted to be normal. Gait was indicated as normal. Plain film x-rays were reported to show moderate disc space narrowing and slight retrolisthesis at L5-S1. Hip and pelvis films were reported to be normal. The working diagnoses were: Lumbar musculo-ligamentous sprain/strain with bilateral LE radiculitis, L sacroiliac joint sprain and bilateral hip sprain. Requested were PT X2 per wk. X4 weeks, LSO back brace, a home interferential unit and VQ Orthocare unit

(specific unit unknown). From the UR the following were modified - PT to 2 sessions and denied, LSO back brace, home interferential unit and the VQ Orthocare unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 98-99.

Decision rationale: The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of LBP a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. The modification to 2 episodes should be sufficient to re-educate the injured worker. Therefore, the UR modification is supported.

LSO (Lumbosacral Orthotic Back) back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Recurrence of regional low back pain is not uncommon, regardless of whether or not the pain is work related. In fact, a prior history of low back pain or sciatica is a powerful predictor of a future episode. There had been no report of recent spinal surgery that could benefit from temporary stabilization. The requested device has not been found to be of any clinical utility, medical utility has not been shown and therefore its use cannot be supported. The UR denial is supported.

Home IF (Interferential) unit: 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 Part 2 Page(s): 118-120.

Decision rationale: 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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. In two recent randomized double-blind controlled trials of ICS the placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. While not recommended as an isolated intervention if it were to be selected as an option then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this situation it's not considered an integrated part of an organized approach to combined care and was not proposed on a one month trial basis to assess its utility. The UR denial is supported.

VQ ortho care unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 114, 121.

Decision rationale: While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Although not specified the most likely unit being sought for the VQ OrthoCare family is the MultiStim4. As implied it has 4 modes of operation but essentially represents an NMES device and is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. So this device was not selected as part of a comprehensive coordinated plan, crossed over functions with the interferential device, was not

proposed as part of a one month trial and as an NMES is not recommended. The UR denial is supported.