

Case Number:	CM14-0167722		
Date Assigned:	10/15/2014	Date of Injury:	11/20/2013
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Preventive Medicine, 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:

According to the records made available for review, this is a 51-year-old male with a 11/20/13 date of injury. At the time (9/30/14) of request for authorization for 1 x Home Interferential unit, 1 conductive lumbar brace, and Pain Management consultation, there is documentation of subjective (low back pain radiating to the mid back with muscle spasm, increased pain with prolonged standing, walking, and heavy lifting; neck pain radiating to the bilateral trapezius muscles) and objective (cervical spine decreased lordosis, tenderness, decreased range of motion; lumbar spine tenderness, positive Kemp's, and decreased range of motion; left thigh tenderness to palpation over the left medial hamstring muscle with muscle spasms) findings, current diagnoses (cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with minimal facet arthrosis, left hamstring sprain/strain, bilateral shoulder periscapular strain, and left hamstring strain, tendinosis of semitendinous and biceps femoris muscles), and treatment to date (medications and activity modification). 9/18/14 medical report identifies a request for Pain Management consultation in consideration of lumbar facet blocks/rhizotomy. Regarding the requested 1 x Home Interferential unit, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding the requested 1 conductive lumbar brace, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone, and a one-month trial and that the individual cannot apply the stimulation pads alone or with the help of another available person. Regarding the requested Pain Management consultation, there is no documentation of low-back pain at no more than two levels bilaterally, that no more than 2 joint

levels are to be injected in one session, and failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x Home Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with minimal facet arthrosis, left hamstring sprain/strain, bilateral shoulder periscapular strain, and left hamstring strain, tendinosis of semitendinous and biceps femoris muscles. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for 1 x Home Interferential unit is not medically necessary.

1 Conductive Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Interferential current stimulation (ICS)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. ODG identifies that a "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with minimal facet

arthrosis, left hamstring sprain/strain, bilateral shoulder periscapular strain, and left hamstring strain, tendinosis of semitendinous and biceps femoris muscles. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. In addition, there is no documentation of a one-month trial and that the individual cannot apply the stimulation pads alone or with the help of another available person. Therefore, based on guidelines and a review of the evidence, the request for 1 Conductive Lumbar Brace is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 page 55.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. In addition, MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block/facet block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block/facet block. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with minimal facet arthrosis, left hamstring sprain/strain, bilateral shoulder periscapular strain, and left hamstring strain, tendinosis of semitendinous and biceps femoris muscles. In addition, there is documentation of a request for Pain Management consultation in consideration of lumbar facet blocks/rhizotomy. Furthermore, there is documentation of low-back pain that is non-radicular and failure of conservative treatment (including medications). However, given that there is no documentation of the requested level(s) to be addressed, there is no documentation of low-back pain at no more than two levels bilaterally and that no more than 2 joint levels are to be injected in one session. In addition, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Consultation is not medically necessary.