

Case Number:	CM14-0172427		
Date Assigned:	10/23/2014	Date of Injury:	04/30/2009
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Geriatrics 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 worker is a 53 year old man with a date of injury of 4/3/09. He is status post epidural injections to his lumbar spine on 7/30/14. He was seen by his physician on 8/21/14 with complaints of 6-7/10 lumbar spine pain with numbness and tingling to his lower extremities. His exam showed an antalgic gait on the right. He had diffuse tenderness to palpation over lumbar paraspinous muscles with moderate facet tenderness along the L4-S1 levels. He had positive right sacroiliac tests and a positive Kemp's test with reduced flexion and extension of the lumbar spine. He had normal strength and reflexes. His diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac arthropathy. At issue in this review is the request for a low back brace and an X-force stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: This worker has chronic back and extremity pain with an injury sustained in 2009. An X-force stimulator is 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. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the stimulator may be appropriate for. The medical necessity for an X-force stimulator is not substantiated in the records. Therefore, this request is not medically necessary.

Kronos Lumbar Spine Pneumatic Brace (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 301.

Decision rationale: This injured worker has complaints of back and extremity pain. The use of back braces as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 2009. The records do not substantiate the medical necessity for a mesh lumbar support. Therefore, this request is not medically necessary.