

Case Number:	CM14-0176164		
Date Assigned:	10/29/2014	Date of Injury:	06/16/2010
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 Jersey and 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 51 year-old male who injured his lower back by lifting and pulling a heavy cable on 6/11/10. He complained of lower back pain. He was treated and returned to work in 7/2013 but then had increasing back and bilateral hip pain. On exam, he had tenderness of lumbar paraspinal muscles with mild spasms, decreased range of motion and normal strength and sensation. An x-ray showed abnormal L5-S1 level disc space narrowing. An MRI showed spinal stenosis. He was diagnosed with lumbar sprain, lumbosacral neuritis, sacroiliac sprain, and iliofemoral sprain. He had some improvement with three epidural steroid injections. His medications included an anti-inflammatory and opioid. He had physical therapy. He was working regular duties. The current request is for LSO back brace, a VQ orthocare unit, and home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." For four years, the patient has chronic lower back pain with an MRI showing no evidence of spondylolisthesis or instability. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered not medically necessary.

VQ Orthocare unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.vqorthocare.com

Decision rationale: VQ Orthocare is the name of a DME company with multiple units and devices. A particular unit was not specified. Therefore, the request is considered not medically necessary.

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 Interferential Current Stimulation Page(s): 118-120.

Decision rationale: According to MTUS guidelines, ICS is 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." There are no standardized protocols. The patient's pain is also not ineffectively controlled due to diminished effectiveness of medications or side effects; there was no documented history of substance of abuse, or pain from postoperative conditions. He has had improvement with conservative measures. He has not had a one month trial of ICS to study the effects and benefits for the patient. Therefore, the request is considered not medically necessary.