

Case Number:	CM14-0021281		
Date Assigned:	05/07/2014	Date of Injury:	10/03/2013
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 32-year-old male with a 10/03/2013 date of injury. The injured worker was carrying a box filled with material, weighing about 40 pounds, when he had onset of tearing pain to his left shoulder. The original request included a request for TENS-EMS rental 1 month and lumbar brace purchase. A 12/12/13 follow-up identified significant pain. Diagnoses included lumbar sprain/strain, thoracic sprain/strain, elbow sprain/strain, wrist tend/burs, shoulder tend/burs, cervical radiculopathy, and chemical dermatitis not elsewhere classified. An 11/6/13 medical report identified neck, left shoulder, right arm/wrist, and upper back pain. Exam revealed tenderness and spasm in the paravertebral muscles. There was decreased range of motion with pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on the MTUS Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 301, and the Non-MTUS Citation: Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines states that lumbar supports have not been shown to

have any lasting benefit beyond the acute phase of symptom relief, however, ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, but is under study for post-operative use. The medical records do not substantiate the need for a lumbar brace. While the medical records documented pain and spasm on the lumbar spine with decreased range of motion, there was no instability or any other indication for the use of a lumbar brace. There was no clear rationale for the prescription of this DME. As such, the request is not medically necessary and appropriate.

Neurostimulator TENS-EMS, 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

Decision rationale: Within the medical records provided for review, there was no documentation of a rationale identifying why a combined electrotherapy unit would be required. In addition, the MTUS does not consistently recommend interferential and NMS electrotherapy. There was no indication for the prescription of a combined unit as opposed to a more widely supported TENS unit. There were also no functional goals to be achieved with the requested unit. The medical necessity was not substantiated. As such, the request is not medically necessary and appropriate.