

Case Number:	CM14-0024592		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2010
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 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:

The injured worker is a 49 year old female who reported an injury to her low back. On 06/01/2010. A clinical note dated 01/07/14 indicated the injured worker rating pain as 8-9/10. Tenderness and spasms were identified in the paralumbar musculature. The injured worker was identified as having positive straight leg raise at 45 degrees on the right and 50 on the left. The injured worker was identified as having positive Kemp sign bilaterally. Pain was elicited with range of motion testing. Hypoesthesia was identified at the L4, L5, and S1 distributions on the right. Tenderness was identified throughout the parathoracic muscles and spinous processes from T11 to T12. Clinical note dated 09/14/13 indicated the injured worker rating the low back as 7/10. The Utilization Review dated 02/07/14 resulted in a denial for back brace and multi stim unit as no information was submitted regarding one month long trial of a TENS unit prior to the use of the proposed interferential unit. No information was submitted confirming the need for back brace in terms of the type of brace being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BACK BRACE, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Support.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar support.

Decision rationale: The request for a lumbar back brace, purchase is not medically necessary. The clinical documentation indicates the injured worker complaining of low back pain. A lumbar back brace is indicated for injured workers in the post-operative setting or for findings of documented instability or treatment of non-specific low back pain. No information was submitted regarding lumbar instability. No information was submitted regarding the need for post-operative support. Given this, the request is not medically necessary.

MULTI-STIM UNIT PLUS SUPPLIES FOR LUMBAR SPINE, RENTAL FOR 90 DAYS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

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

Decision rationale: The request for multi-stim unit plus supplies for lumbar spine, rental for 90 Days is not medically necessary. No information was submitted regarding a previous trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit for one month. Given that no information was submitted regarding the patient's objective response to a Transcutaneous Electrical Nerve Stimulation (TENS) unit trial, the request is not medically necessary.