

Case Number:	CM14-0026109		
Date Assigned:	06/13/2014	Date of Injury:	12/16/1999
Decision Date:	08/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old female with a reported date of injury on 12/16/1999. The mechanism of injury was noted to be a slip and fall. Her diagnoses are noted to include status post L4-5 laminectomy/discectomy, bilateral lower extremity radiculopathy, status post right knee scope, 4 mm right paracentral and right foraminal disc protrusion which is resulting in abutment and displacement of the descending right S1 nerve root, as well as abutment of the exiting right L5 nerve root. Her previous treatments were noted to include surgery, home exercise program, and medications. The progress note dated 01/30/2014 reported the injured worker complained of low back pain, tenderness to palpation of the paravertebral muscles and sacroiliac joints and gluteals. The injured worker was reported to have positive FABERE's and straight leg testing, as well as decreased sensation to the L5-S1 dermatomal level and decreased motor strength. The injured worker complained of difficulty walking, sitting, crossing left leg, and reported her low back was catching. The Request for Authorization Form was not submitted within the medical records. The request is for an interferential unit with supplies and a specialty brace Proling Pro; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: The request for an interferential unit with supplies is not medically necessary. The injured worker has been encouraged to continue a home self guided exercise program. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain, and postoperative knee pain. There is a lack of documentation regarding the utilization of the interferential current stimulation unit along with an evidence based functional restoration approach. Additionally, the guidelines recommended a 1 month trial basis rather than purchase of the interferential unit. Therefore, the request is not medically necessary.

SPECIALTY BRACE PROLING PRO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for a specialty brace Proling Pro is not medically necessary. The injured worker has lumbar spinal pain due to an injury from 1999. The California MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injury occurred in 1999 and, therefore, the acute phase has passed and the injured worker has chronic pain. Therefore, the request is not medically necessary.