

<b>Case Number:</b>	CM14-0029717		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates of November 17, 1998 through November 17, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; a lumbar corset; lumbar epidural steroid injection therapy; earlier cervical spine surgery; earlier elbow epicondyle release surgery; and reported return to work at one point in time. In a utilization review report dated March 3, 2014, the claims administrator apparently denied a lumbar support, multimodality transcutaneous electrotherapy unit, and a medication called Dalmane. The applicant's attorney subsequently appealed. In a handwritten note dated August 19, 2013, it is difficult to follow, not entirely legible, and the applicant was described as reportedly not doing well. The applicant reported heightened complaints of low back pain, at that point. The applicant was apparently using Metamucil, Ativan, and Dalmane, it was stated. The applicant was placed off of work, on total temporary disability, at that point in time. In a later progress note of October 15, 2013, the applicant was described as having undergone an abdominal hernia repair surgery in Arizona. The applicant's recent epidural was described as having helped only minimally. The applicant was using Dalmane on an as-needed basis, it was stated, along with Metamucil, Dulcolax, and Motrin. It was stated that the applicant had a pending court hearing. The applicant was given refills of prescriptions for Motrin, Metamucil, Dulcolax, and Secura cream. It was stated, at this occasion, that the applicant was in fact working. In a later note dated January 23, 2014, the applicant was again described as having persisted complaints of low back pain and spasm. The applicant was apparently described as having retired from the workplace and reportedly last worked in 2000. Authorization was sought

for home-health services, a [REDACTED] membership, an epidural steroid injection, a lumbar support, and a multimodality transcutaneous electrotherapy device.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR SPINE 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 noted in the ACOEM Guidelines, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief following a cumulative trauma claim dated November 17, 1998 through November 17, 1999. Ongoing usage of a lumbar support is not indicated in the chronic pain context present here, per the ACOEM Guidelines. Therefore, the request is not medically necessary.

#### **ORTHOSTIM 4 HOME UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation;Galvanic Stimulation topic Page(s): 121; 117.

**Decision rationale:** The OrthoStim device includes high voltage current stimulation, neuromuscular stimulation, interferential stimulation, and pulsed direct current stimulation. However, many of the modalities which comprise the device carry unfavorable recommendations in the MTUS Chronic Pain Guidelines. Specifically, neuromuscular stimulation, per page 121 of the MTUS Chronic Pain Guidelines, is not recommended outside of the post-stroke rehabilitative context reportedly present here. It is not, per the MTUS Chronic Pain Guidelines, recommended in the chronic pain context present here. The high voltage stimulation component of the device is likewise not recommended by the MTUS Chronic Pain Guidelines, which notes that galvanic stimulation is "not recommended" in the chronic pain context present here. As such, the request is not medically necessary and appropriate.

#### **DALMANE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Guidelines, chronic benzodiazepine usage is the treatment of choice for very few conditions. In this case, the attending provider's documentation makes it unclear whether Dalmane is being employed for anxiolytic effect or for muscle relaxant effect. It is noted, however, that the applicant has been using Dalmane for what appears to be several months to several years. Benzodiazepines are not indicated for long-term use purposes, per page 24 of the MTUS Chronic Pain Guidelines. The attending provider does not proffer any compelling applicant-specific rationale, narrative, and/or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is likewise not medically necessary.