

Case Number:	CM14-0058132		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 & Rehabilitation 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 63 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Orthosis) Brace, and a Functional Capacity Evaluation. Diagnoses include Coccygodynia; lumbar disc bulge s/p lumbar fusion. Report from the chiropractic provider noted the patient with moderate to severe low back and tailbone pain shooting into left lower extremity. Exam showed positive left SLR, moderate tenderness over spinal level of L4-S1 and sacrococcygeal articulation; palpable trigger point over left piriformis muscle with restricted range secondary to pain. Treatment plan included the above. Request(s) for Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Orthosis) Brace, and a Functional Capacity Evaluation were non-certified on 3/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Interspec Interferential II and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers Compensation Medline/Pubmed Anthem Blue Cross Medical Policies and Clinical UM guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118; Interferential Current Stimulation (ICS).

Decision rationale: This 63 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Ortosis) Brace, and Functional Capacity Evaluation. Diagnoses include Coccygodynin; lumbar disc bulge s/p lumbar fusion. Report from the chiropractic provider noted the patient with moderate to severe low back and tailbone pain shooting into left lower extremity. Exam showed positive left SLR, moderate tenderness over spinal level of L4-S1 and sacrococcygeal articulation; palpable trigger point over left piriformis muscle with restricted range secondary to pain. Treatment plan included the above. Request(s) for Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Ortosis) Brace, and Functional Capacity Evaluation were non-certified on 3/28/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Durable Medical Equipment: Interspec Interferential II and Supplies is not medically necessary and appropriate.

Durable Medical Equipment: LSO (Lumbar Sacral Ortosis) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers Compensation Medline/Pubmed Anthem Blue Cross Medical Policies and Clinical Um Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372.

Decision rationale: This 63 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Ortosis) Brace, and Functional Capacity Evaluation. Diagnoses include Coccygodynin; lumbar disc bulge s/p lumbar fusion. Report from the chiropractic provider noted the patient with moderate to severe low back and tailbone pain shooting into left lower extremity. Exam showed positive left SLR, moderate tenderness over spinal level of L4-S1 and sacrococcygeal articulation; palpable trigger point over left piriformis muscle with restricted range secondary to pain. Treatment plan included the above. Request(s) for Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Ortosis) Brace, and Functional Capacity Evaluation were non-

certified on 3/28/14. There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2012. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Durable Medical Equipment: LSO (Lumbar Sacral Orthesis) Brace is not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers Compensation Medline/Pubmed Anthem Blue Cross Medical Policies and Clinical Um Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: This 63 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Orthesis) Brace, and Functional Capacity Evaluation. Diagnoses include Coccygodynia; lumbar disc bulge s/p lumbar fusion. Report from the chiropractic provider noted the patient with moderate to severe low back and tailbone pain shooting into left lower extremity. Exam showed positive left SLR, moderate tenderness over spinal level of L4-S1 and sacrococcygeal articulation; palpable trigger point over left piriformis muscle with restricted range secondary to pain. Treatment plan included the above. Request(s) for Durable Medical Equipment: Interspec Interferential II and Supplies, LSO (Lumbar Sacral Orthesis) Brace, and Functional Capacity Evaluation were non-certified on 3/28/14. The patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.

