

Case Number:	CM14-0071966		
Date Assigned:	07/16/2014	Date of Injury:	07/07/2010
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 records presented for review indicate that this 62 year-old individual was reportedly injured on 7/7/2010. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 4/25/2 of 14, indicates that there are ongoing complaints of low back and bilateral knee pain. The physical examination demonstrated lumbar spine: positive tenderness and spasm noted to palpation of the lumbar spine. Limited range of motion. Bilateral knees: positive tenderness to palpation of the bilateral knees. Limited range of motion. No recent diagnostic studies in the last 6 months. Previous treatment includes physical therapy, acupuncture, and medications. A request had been made for IF unit (purchase), lumbar spine brace, and was not certified in the pre-authorization process on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-308, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 118-120. The Expert Reviewer's decision rationale: MTUS guidelines do not support Interferential Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records, fails to document any of the criteria required for an Interferential Therapy unit one-month trial. As such, this request is not medically necessary.

Lumbar Spine Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints. The Expert Reviewer's decision rationale: ACOEM treatment guidelines do not support the use of an LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.