

Case Number:	CM14-0082552		
Date Assigned:	07/21/2014	Date of Injury:	07/16/2007
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/04/2014

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 Management, 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:

According to the records made available for review, this is a 47-year-old male with a 7/16/07 date of injury and status post L4-S1 fusion on 10/12/12. At the time (3/18/14) of request for authorization for IF unit and LSO brace, there is documentation of subjective complaints (chronic severe low back pain radiating into the bilateral lower extremities with weakness and loss of balance) and objective symptoms (tenderness to palpation over lumbar hardware with spasms, painful and limited lumbar range of motion, positive Lasegue's test bilaterally, positive straight leg raise test, decreased sensation over L4-5 and L5-S1 dermatomes, and tenderness to palpation at L4-5 and L5-S1 bilaterally) findings. Current diagnoses are status post L4-S1 fusion in 2012, lumbar spine degenerative disc disease, chronic low back pain, and status post recent fall. Treatment to date includes lumbar spine fusion, Home Exercise Program, physical therapy, and medications. In addition, medical report identifies a request for lumbar stabilization brace (LSO) and Interferential Unit to the low back. Regarding IF unit, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding LSO brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Interferential Current Stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of status post L4-S1 fusion in 2012, lumbar spine degenerative disc disease, chronic low back pain, and status post recent fall. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for IF unit is not medically necessary.

LOS Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of status post L4-S1 fusion in 2012, lumbar spine degenerative disc disease, chronic low back pain, and status post recent fall. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for LSO brace is not medically necessary.