

Case Number:	CM14-0095732		
Date Assigned:	07/25/2014	Date of Injury:	06/10/2012
Decision Date:	09/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 injured worker is a 26-year-old female who reported an injury on 06/10/2012 after lifting a heavy object. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, toradol injections, and a back brace. The injured worker was evaluated on 03/24/2014. Physical findings included limited range of motion secondary to pain with tenderness to palpation over the paravertebral musculature of the lumbar spine and sacroiliac joint. The injured worker had 2+ pain over the spinous process from the L4 through the S1 with positive straight leg raising test bilaterally and a positive Kemp's test to the right. The injured worker's diagnoses included lumbar spine disc bulge and lumbar spine radiculitis. The injured worker's treatment plan included replacement of a back brace as the injured worker's original back brace had worn out, and the use of an interferential unit to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested interferential unit and supplies is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of an interferential unit for patients who have exhausted all other types of chronic pain management treatments to include a TENS unit. The clinical documentation submitted for review does not provide any evidence that the injured worker has attempted to utilize a TENS unit for pain control. Furthermore, the California Medical Treatment Utilization Schedule recommends a 30 day home trial to establish efficacy of treatment. The request as it is submitted does not clearly identify if this is for rental or purchase, or duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested interferential unit and supplies is not medically necessary or appropriate.

LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 12, page(s) 308 Page(s): 308.

Decision rationale: The requested LSO back brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of a back brace for chronic or acute pain. Although the clinical documentation does indicate that the injured worker previously used a back brace, continued use would not be supported by guideline recommendations. Furthermore, there was no documentation to support the effectiveness of this treatment. Therefore, there is no justification to support extending treatment beyond guideline recommendations. As such, the requested LSO brace is not medically necessary or appropriate.