

Case Number:	CM14-0150164		
Date Assigned:	09/18/2014	Date of Injury:	07/17/1994
Decision Date:	08/17/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 49-year-old male who sustained an industrial injury on 07/17/1994. Diagnoses include lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis and left SI joint sprain; and abdominal/inguinal hernia repair (1994). Treatment to date has included medications. According to the Doctor's First Report of Occupational Injury or Illness dated 8/7/14, the IW reported back pain and abdominal hernia pain. On examination, the lumbar lordotic curve was normal. The lumbar paraspinal musculature was tender to palpation, greater on the left. The left sacroiliac (SI) joint was tender with muscle spasms and guarding. SI stress test was positive on the left and straight leg raise was negative. Range of motion of the lumbar spine was reduced in all planes. Sensation and motor testing was within normal limits in the bilateral lower extremities; deep tendon reflexes were 1+ bilaterally. X-rays of the lumbar spine showed anterior spurring at L3-L4. A request was made for LSO brace for support and stabilization of the lumbar spine and an ortho-stimulation unit to decrease muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient developed an industrial injury more than 20 years ago. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for LSO BRACE is not medically necessary.

ORTHO STIMULATION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices Page(s): 121.

Decision rationale: According to MTUS Page 121, Neuromuscular electrical stimulation (NMES devices): Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. There is no documentation of stroke or the use of NMES as a part of rehabilitation program in this case. It seems that NMES is used exclusively for pain management in this case and this indication is not supported by MTUS guidelines. Therefore, the request for ORTHO STIMULATION UNIT is not medically necessary.