

Case Number:	CM14-0193708		
Date Assigned:	12/01/2014	Date of Injury:	07/26/2014
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Practice 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 is a 24 year old male who suffered an industrial related injury on 7/26/14 after a piece of wood fell onto his back. A physician's report date 9/8/14 noted that the injured worker had complaints of dull intermittent back pain that radiated into his left leg. Diagnoses included sciatica and lumbar sprain/strain. The injured worker was prescribed Etodolac ER, Tramadol HCL Acetaminophen, and Orphenadrine Citrate ER. The injured worker was on modified work duty. A physician's report dated 9/22/14 noted the injured worker continued to complain of back and leg pain. The physical examination revealed a normal gait, full weight bearing on both lower extremities, normal posture, and no muscle spasms. Tenderness of the paravertebral musculature on the left was noted and the left straight leg raise test was positive. On 10/20/14 the utilization review (UR) physician denied the requests for an interferential unit and a lumbosacral brace. Regarding the interferential unit, the UR physician noted there was no indication whether the interferential unit is requested for rental or purchase and that the Medical Treatment Utilization Schedule guidelines generally do not recommend interferential therapy. Regarding the lumbosacral brace, the UR physician noted that Official Disability Guidelines state a lumbosacral brace is recommended as an option for compression fractures, specific treatment of spondylolisthesis, instability, and for treatment of nonspecific low back pain. The UR physician noted the medical records provided do not support that any of the listed medical conditions exist; therefore, the request of the lumbosacral brace was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Interferential Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-114.

Decision rationale: According to the guidelines, Interferential Current is not recommended. 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. Based on the guidelines, an ICS unit is not medically necessary.

Lumbosacral Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the guidelines, lumbar supports are not shown to provide lasting benefit. The length of use of a back brace was not specified in this case. The request for a Lumbosacral Brace is not medically necessary.