MAXIMUS Federal Services

Case Number:	CM14-0194057		
Date Assigned:	12/01/2014	Date of Injury:	06/26/2014
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62-year old male with a date of work injury 6/26/14. The patient was involved in a motor vehicle accident on the date of injury. He was the restrained driver traveling 30mph when he was rear ended with front air bag deployment. He was brought via ambulance to the emergency room with low back and bilateral anterior shin pain. The diagnoses include lumbago, thoracic or lumbosacral radiculitis; lumbar spine sprain. X-ray of the thoracolumbar spine dated 6/26/14 revealed no fracture or misalignment. A 10/8/14 progress report states that the patient has lumbosacral sprain and bilateral lower extremity pain. The patient complained of severe low back pain radiating into the BLE. On exam there was paravertebral lumbar tenderness; sacroiliac tenderness, and spinous process tenderness. There was mild antalgic gait with knees in four degrees of varus. The right thigh revealed pain with sitting and Lasegue's sign supine. There was a 1+ patella grind test. The patient was noted to be temporarily totally disabled. The treatment included chiropractic, lumbar spine brace, interferential unit, and urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 398, 301, 9.

Decision rationale: Lumbar spine brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of black belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar spine brace is not medically necessary.

INTERFERENTIAL UNIT FOR LOWER BACK AND BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Interferential unit for the lower back and bilateral lower extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. 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. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the interferential unit for the lower back and bilateral lower extremities; therefore, Interferential Unit for Lower Back and Bilateral Lower Extremities is not medically necessary.