MAXIMUS Federal Services

Case Number:	CM14-0201346		
Date Assigned:	03/16/2015	Date of Injury:	06/27/2008
Decision Date:	04/22/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/01/2014

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 is a 58 year old male, who sustained an industrial injury on June 27, 2008. The diagnoses have included low back pain with radicular symptoms to lower extremities, lumbar spine sprain/strain, 1 to 4mm disc bulge with annular tear at L4-5 with moderate to severe bilateral neural foraminal narrowing and 1 to 4 mm disc bulge at L5-S1 with severe left and mild to moderate right neural foraminal narrowing. Treatment to date has included pain medications. Currently, the injured worker complains of low back pain that radiates to the lower extremities and feels significant numbness, tingling and decreased sensation in his legs. In a progress note dated September 26, 2014, the treating provider reports examination of the lumbar spine reveals the injured worker walks with a cane with antalgic gait, generalized weakness in both lower extremities, palpation to the paravertebral muscles is tenderness thought the lumbar region, positive straight leg raise and decreased sensory at L5 and S1 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Orthosis, Elastic with Condylar Pads/Joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Knee Braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee.

Decision rationale: According to the ODG, criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. According to the documentation submitted the patient does not meet these criteria and therefore a fabricated knee brace is not medically necessary.

SAG-CORO Rigid Frame - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to the ACOEM chapter 12 regarding low back pain, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient has chronic low back pain without documentation of acute exacerbation. The continued use of a lumbar support is not supported by the guidelines available. The use of the lumbar brace is not medically necessary.

Purchase Water Circulating Heat Pad With Pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse-Low back pain.

Decision rationale: According to NGC regarding low back pain, in the acute phase (>12 weeks) superficial heat (application of heating pads or heated blankets) is recommended for the short-term relief of acute low back pain. Clinical experience supports a role for superficial cold packs and alternating heat and cold as per patient preference. Heat or cold should not be applied directly to the skin, and not for longer than 15 to 20 minutes. Use with care if lack of protective sensation. In this case, the patient has chronic low back pain. The literature searched includes Ca MTUS, ACOEM, Uptodate.com. The recommendations for the treatment of chronic low back pain do not include the use of applied heat in the form of a water circulating heat pad with pump.

Rental Solace Multi-Stim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-116.

Decision rationale: According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS.