MAXIMUS Federal Services

Case Number:	CM14-0201681		
Date Assigned:	01/16/2015	Date of Injury:	11/13/2013
Decision Date:	02/19/2015	UR Denial Date:	11/07/2014
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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 28 year old male with an injury date of 11/13/13. Based on the 10/29/14 progress report, the patient complains of neck pain, back pain, bilateral hip pain, bilateral knee pain, abdominal pain, sexual dysfunction, and weight loss. The patient has abdominal tenderness to palpation diffusely. There is cervical spine tenderness to palpation and spasm on bilateral paraspinal muscles, occipital muscles, suboccipital muscles, bilateral trapezius muscles, and levator scapulae muscles. The range of motion of cervical spine is decreased and positive for compression and distraction test. There is tenderness to palpation and spasm on bilateral upper/mid/lower thoracic region. There is lumbar spine tenderness to palpation bilateral paraspinal muscles, sacroiliac joints, sciatic notch, posterior iliac crests, and gluteal muscles. Spasms noted over bilateral paraspinal muscles and gluteal muscles. The range of motion of lumbar spine is decreased and the patient has positive straight leg raise. There is tenderness to palpation anteriorly at bilateral hips. There is bilateral knee tenderness to palpation anteriorly and bilateral patella. The right knee has positive on patelloffemoral grinding test and positive McMurray test on left knee. The diagnoses are: 1. Cervical Musculoligamentous strain/sprain. 2. Rule out cervical spine discogenic disease. 3. Thoracic Musculoliamentous strain/sprain. 4. Lumbosacral Musculoligamentous strain/sprain. 5. Lumbosacral spine discongenic disease per patient's history. 6. Bilateral knee strain/sprain. 7. Rule our bilateral knee internal derangement. 8. Sexual dysfunction. 9. Weight loss secondary to GI stress, Rule out industrial causationTreatment plan includes prescription for Fluriflex and Terocin patches, lumbosacroal brace, and Interferental unit. MRI of cervical spine dated 06/11/14 showed early

disc desiccation at C2-3 to C5-6 levels and mucosal thickening seen in right maxillary sinus. The work status is temporary total disable until 12/10/14. The treating physician is requesting lumbosacral brace for purchase and IF unit purchase. The utilization review determination being challenged is dated 11/07/14. The requesting physician provided treatment reports from 04/24/14-10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral brace for purchase: 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, Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, lumber supports and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guideline Chapter 7, page 134

Decision rationale: This patient presents with neck pain, back pain, bilateral hip pain, bilateral knee pain, abdominal pain, sexual dysfunction, and weight loss. The request is for Lumbosacral brace for purchase. Regarding lumbar supports, ACOEM guideline page 134 states not recommended for prevention of low back pain or treatment of low back pain. ACOEM page 301 states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines lumbar and thoracic spine chapter states that lumbar supports are "Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." In this case, the treater does not discuss reason of the request. The patient does not present with spondylolishtesis, instability, fracture or other conditions for which lumbar bracing may be indicated. Official Disability Guidelines states there is very low quality evidence for the use of lumbar bracing for non-specific low back pain. The request is not medically necessary.

IF Unit for Purchase: Upheld

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

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

Decision rationale: This patient presents with neck pain, back pain, bilateral hip pain, bilateral knee pain, abdominal pain, sexual dysfunction, and weight loss. The request is for IF unit for purchase.MTUS (page 118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is

ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" Review of progress reports does not show documentation of patient's medication use, history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Furthermore, MTUS recommends to trying the unit for one-month before home unit is provided. Documentations to support MTUS criteria have not been met. Therefore, this request is not medically necessary.