

Case Number:	CM14-0061282		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2013
Decision Date:	04/22/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 55-year-old male who sustained an industrial injury on 11/13/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include numbness in his left leg down to his left foot, and right lower extremity weakness, as well as neck and back pain. In a progress note dated 01/18/14 the treating provider reports the plan of care as physical therapy, MRI and x-rays of the cervical and lumbar spine, nerve conduction studies of the upper and lower extremities, as well as orthopedic and occupational medicine evaluations. The requested treatments are home therapy, a back brace, and an Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services and physical medicine Page(s): 51 and 98-99.

Decision rationale: Home therapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home therapy is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS recommends up to 10 visits for this condition with transition to an independent home exercise program. The request for home therapy is not medically necessary. The request does not indicate a quantity of home therapy. It is not clear how much prior therapy the patient has had altogether. The documentation is not clear that the patient is home bound. The request is not medically necessary.

Back Brace, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 298 and 301; page 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar supports.

Decision rationale: Back Brace, QTY: 1 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 documentation states that the dry wrap was requested to provide more stability and support of the low back. 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 back 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 ODG states that a back brace is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The request for a back brace is not medically necessary. The documentation does not indicate that this is an acute condition or that there is instability or compression fractures. The provider had recommended a back brace for the patient to perform his home exercises. The guidelines do not reveal that lumbar supports have prevented back pain in industry. The request for a back brace is not medically necessary.

IF (Interferential) Unit: Upheld

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

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

Decision rationale: IF (Interferential) Unit 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 states 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. Therefore the request is not medically necessary.