

Case Number:	CM15-0107606		
Date Assigned:	06/12/2015	Date of Injury:	11/11/2013
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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, California

Certification(s)/Specialty: Family Practice

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 56-year-old male, with a reported date of injury of 11/11/2013. The diagnoses include lumbar spine sprain/strain with radiculitis, rule out herniated disc. Treatments to date have included an x-ray of the bilateral sacroiliac joints on 12/04/2014 which showed possible degenerative changes and vascular calcification; and an x-ray of the lumbar spine on 12/04/2014 which showed degenerative changes, levoconvex scoliosis, restricted range of motion, decreased disc height at L2-3, chronic compression deformity of L2 and L3, and segmental tubular calcification anterior to the lower lumbar vertebrae. The medical report dated 12/04/2014 indicates that the injured worker complained of constant, sharp, stabbing pain in his low back with muscle spasms. The pain was located across his waist and radiated into his buttocks and thigh traveling down to his left side. He experienced stiffness in the low back and had difficulty changing his body position. The injured worker rated his pain 8 out of 10. The physical examination showed a slow and careful antalgic gait favoring the left side, tenderness and spasm over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base on the right, tenderness and spasm over the spinous processes from L1-S1 bilaterally, a positive bilateral straight leg raise test, hypoesthesia over the L5 and S1 on the right, and decreased lumbar range of motion. The treating physician requested an IF (interferential) unit, rigid lower back brace, and spine surgeon consultation. The IF unit was prescribed for home use and for pain relief purposes; and the back brace will allow the injured worker to compress the disc with provided extra stabilization.

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 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

Decision rationale: According to the guidelines an IF 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, there was a plan for imaging and consultation without mention of plan for work or therapy. In addition, time frame and indication was not specified and the IF unit is not medically necessary.

Rigid Lower Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Brace Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace is not medically necessary.

Spine surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient

outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, imaging was pending and there were no red flag findings necessitating surgery. The request for a surgeon is not medically necessary.