MAXIMUS Federal Services

Case Number:	CM15-0018106		
Date Assigned:	02/06/2015	Date of Injury:	01/29/2014
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported an injury on 01/29/2014. The injured worker was performing overhead lifting while cleaning when she felt a sharp twinge in her lower back. The current diagnosis include lumbar musculoligamentous sprain with bilateral lower extremity radiculitis, lumbar disc bulge, and left sacroiliac sprain. The injured worker presented on 11/10/2014 with complaints of low back pain radiating into the bilateral lower extremities. Upon examination of the lumbar spine, there was tenderness to palpation with spasm and muscle guarding. There was tenderness over the left sacroiliac joint with positive straight leg raise on the right. Sacroiliac stress test was positive on the left. Range of motion of the lumbar spine was documented at 44 degree flexion, 11 degree extension, 16 degree right side bending, and 13 degree left side bending. Sensation to pinprick and light touch in the bilateral lower extremities was decreased along the left L4 and L5 dermatomes. There was also grade 4/5 weakness of the left extensor hallucis longus muscle. Recommendations at that time included a prescription for Neurontin 600 mg, as well as authorization for acupuncture, a quick draw wrap for back support, and a home interferential unit. A Request for Authorization Form was then submitted on 11/10/2014,

IMR ISSUES, DECISIONS AND RATIONALES

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

Quickdraw wrap for back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to having any lasting benefit beyond the acute phase of symptom relief. In this case, there was no documentation of a significant musculoskeletal deficit. There was no evidence of instability upon examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically appropriate.

Home inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunct with recommended treatment. There should be evidence that pain has been ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse, significant pain from postoperative conditions, or a failure to respond to conservative treatment. In this case, there was no evidence of a failure to respond to conservative management in the form of active rehabilitation or TENS therapy. There was also no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. While it is noted that the injured worker does present with complaints of persistent low back pain with radiating symptoms into the bilateral lower extremities, it is unclear whether the injured worker has continuously utilized the above medication. The request as submitted also failed to indicate a specific frequency. Therefore, the request is not medically appropriate at this time.