

Case Number:	CM15-0132966		
Date Assigned:	07/21/2015	Date of Injury:	12/11/2013
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
 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:

This 56-year-old female sustained an industrial injury to the low back, neck and knee on 12/11/13. Magnetic resonance imaging lumbar spine (4/19/15) showed moderated degenerative disc disease at L5-S1 with lateral canal stenosis. Previous treatment included physical therapy, chiropractic therapy, acupuncture and medications. In a PR-2 dated 6/1/15, the injured worker complained of pain to the thoracic spine and lumbar spine, rated 6/10 on the visual analog scale. The injured worker reported having two partial slip and falls on 5/27/15, that aggravated her pain. Physical exam was remarkable for cervical spine with decreased range of motion, thoracic spine with tenderness to palpation and lumbar spine with pain to palpation at the L3-S1 spinous process and bilateral sacroiliac joints with painful and decreased range of motion and left knee with tenderness to palpation. Current diagnoses included thoracic myalgia, thoracic spine sprain/strain, lumbar spine degenerative disc disease, lumbar myalgia, lumbar spine pain, lumbar spine sprain/strain, left knee contusion and left knee sprain/strain. The treatment plan included requesting authorization for lumbar support brace noncertified rigid, left knee neoprene sleeve and transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/Sacral brace, non rigid: 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 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM Guidelines state that lumbar supports are not recommended outside the acute phase of symptoms. In this case, the claimant is over 18 months from the date of injury. She is well outside the acute phase of symptom relief. Lumbar supports have no proven value beyond the acute phase of symptom relief, and are no more effective than doing nothing at all. Therefore, the request is found to be not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The CA MTUS Guidelines state that TENS is not recommended as a primary treatment modality, a one-month home-based trial, however, might be considered as a noninvasive option in treating chronic pain. TENS is recommended for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. This patient does not meet the above criteria. There also must be evidence of chronic intractable pain that has failed all other conservative measures, which is not the case in this patient. Therefore, the criteria for a TENS unit has not been met and it is deemed not medically necessary.

Left knee neoprene sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: ACOEM Guidelines state that a brace can be used for patellar instability, ACL tear or MCL instability. In this case, the patient does not have any of these conditions. The benefit of a brace may be more emotional (i.e. increasing patient confidence) than medical. A brace is also usually only necessary if the patient will be stressing the knee under a load, such as climbing stairs while carrying a box. Therefore, this request is not deemed medically necessary.