

Case Number:	CM15-0138160		
Date Assigned:	07/28/2015	Date of Injury:	06/08/2012
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial motor vehicle accident of June 8, 2012. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve requests for a lumbar support and an interferential TENS unit combination device. The claims administrator referenced a June 23, 2015 RFA form and an associated progress note of June 18, 2015 in its determination. On said June 23, 2015 RFA form, lumbar support, interferential TENS unit combination purchase and associated supplies were sought, without much supporting commentary. A handwritten progress note of June 18, 2015 reiterated the request for the lumbar support and TENS unit-interferential device. There was no mention of the applicant's having previously employed said device on a trial basis. On May 12, 2015, the applicant was given prescriptions for Ultracet, naproxen, Prilosec, Prozac, Duragesic, Ambien, and Lyrica. Trigger point injections were performed. The applicant was placed off of work, on total temporary disability, via a July 20, 2015 progress note. Multifocal complaints of low back, knee, shoulder, and wrist pain were reported with ancillary complaints of depression and anxiety. There was no mention of either the TENS-EMS device or the lumbar support on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the proposed lumbar support was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 23, 2015, following an industrial injury of June 23, 2015, following an industrial injury of June 8, 2012. Introduction, selection, and/or ongoing usage of the lumbar support in question were not indicated, per ACOEM, at this late stage in the course of the claim. Therefore, the request was not medically necessary.

IF/Tens unit combo with electrodes & batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Criteria for the use of TENS.

Decision rationale: Similarly, the request for interferential TENS unit combo device [purchase] with provision of associated electrodes and batteries was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a request for purchase of the IF-TENS unit device. However, both pages 120 and 116 of the MTUS Chronic Pain Medical Treatment Guidelines both stipulate that provision of an interferential unit and/or provision of a TENS unit on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of a TENS unit and/or interferential stimulator device, with beneficial outcomes evident in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the device in question without having the applicant first undergo a one-month trial of the same. The request, thus, as written, was at odds with both pages 116 and 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.