

Case Number:	CM15-0148561		
Date Assigned:	08/11/2015	Date of Injury:	04/06/2004
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 46-year-old female, who sustained an industrial injury on 4-6-04. She reported pain in her lower back after lifting a heavy object. The injured worker was diagnosed as having lumbar sprain, lumbar disc degeneration, status post L5-S1 decompression and lumbar disc displacement without myelopathy. Treatment to date has included several lumbar epidural injections with no benefit, post-op physical therapy, a lumbar MRI on 5-16-15 showing L4-L5 herniated nucleus pulposus, Flexeril, Ultram and Voltaren gel. As of the PR2 dated 7-9-15, the injured worker reports lower back pain. She rates her pain a 5 out of 10. The treating physician noted tender decreased lumbar range of motion. The injured worker has a lumbo-sacral orthosis but it is too big. The treating physician requested a lumbo-sacral orthosis and a MEDS 4 unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo-Sacral Orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work injury in April 2004 and continues to be treated for low back pain. When seen, there was decreased lumbar range of motion with pain and muscle spasms. Straight leg raising was positive. There was decreased lower extremity sensation. The claimant was using a lumbar orthosis that was too large. Authorization for another orthosis and MEDS 4 stimulator with garment was requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support as in this case may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

MEDS 4 unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Page(s): 114, 118, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in April 2004 and continues to be treated for low back pain. When seen, there was decreased lumbar range of motion with pain and muscle spasms. Straight leg raising was positive. There was decreased lower extremity sensation. The claimant was using a lumbar orthosis that was too large. Authorization for another orthosis and MEDS 4 stimulator with garment was requested. The requested MEDS 4 is a combination unit that provides NMES and Interferential stimulation. In terms of interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request is for purchase of a unit. The claimant has not undergone a one-month trial of a basic unit. A garment would require documentation that there is such a large that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. Providing this combination unit and garment was not medically necessary.