

Case Number:	CM15-0186684		
Date Assigned:	09/28/2015	Date of Injury:	09/15/2001
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old male, who sustained an industrial injury on 9-15-2001. The injured worker was diagnosed as having sprain of neck, sprain of lumbar, other and unspecified disc disorder, lumbar region, and pain in joint, shoulder region. Treatment to date has included mental health treatment and medications. Per the most recent progress report submitted (6-23-2015), the injured worker complains of lower back and neck pain, rated 7 out of 10. He reported that he continued to take Tylenol with codeine for pain but did not feel that is was effective through the course of the day. He reported feeling more relaxed and less anxious with Risperdal augmenting the Cymbalta. A mental status examination was documented. A physical examination of the spine was not documented. He remained "temporarily totally disabled from a psychiatric and orthopedic basis". Per the PR2 Report Addendum (full report not submitted), the treatment plan included a Kronos Lumbar Pneumatic Lumbar Brace, Solar Care FIR Heating System, and X-Force Stimulator unit with 3 months of supplies and conductive garment x2. On 9-17-2015 Utilization Review non-certified the requested Kronos Lumbar Pneumatic Lumbar Brace, Solar Care FIR Heating System, and X-Force Stimulator unit with 3 months of supplies and conductive garment x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The request is for the use of a lumbar back support to aid in pain relief and injury prevention. The ACOEM guidelines makes the following statement: "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." As an alternative it is advised that prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation and variation should be employed. Heavy loads need to be divided and mechanical support devices used. Also, the workstation can be set up to optimize reduction in back strain. As such, due to poor evidence of its utility and effectiveness, the request is not medically necessary.

Solar Care Fir Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The request is for the use of hot treatment to be applied topically to aid in pain relief. The ACOEM guidelines under Physical Methods states that during the acute to subacute phase of injury over the first 2 weeks, application of hot or cold can be effective in ameliorating symptoms. This would aid in facilitation of mobility and exercise. Due to the longstanding duration after injury, continued use would not be indicated in this case. As such, the request is not medically necessary.

X-Force Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential current therapy (IFC).

Decision rationale: The request is for the use of Interferential current therapy (IFC). The MTUS guidelines are silent regarding this issue. The ODG guidelines state the following: Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help

reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003) See also the Pain Chapter. A recent industry-sponsored study concluded that interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. (Burch, 2008) In this case the patient does not qualify for the use of this product as it is not advised for any condition including low back pathology. It is under study for the recovery post knee surgery. It is not advised for chronic pain. As such, the request is not medically necessary.

3 Months of Supplies Conductive Garment # 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (Lumber & Thoracic)/IntelliSkin posture garments.

Decision rationale: The request is for the use of Intelliskin posture garments. The official disability guidelines state the following regarding this topic: Not recommended as a treatment for back pain. IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain, according to marketing materials. There are no quality published studies to support these claims. See also Posture garments. As indicated above, the use of this treatment modality is not supported by the guidelines. This is secondary to inadequate quality scientific evidence of effectiveness. As such, the request is not medically necessary.