

Case Number:	CM15-0193305		
Date Assigned:	10/07/2015	Date of Injury:	01/31/2015
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

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:

The injured worker is a 26 year old male, who sustained an industrial injury on 1-31-2015. The injured worker was diagnosed as having lumbar musculoligamentous sprain-strain with left lower extremity radiculitis and left sacroiliac joint sprain, stress and sleep loss, and alopecia. Treatment to date has included diagnostics, physical therapy, lumbar epidural steroid injections, and medications. Per the Doctor's First Report of Occupational Injury or illness (8-24-2015), the injured worker complains of low back pain with radiation to the left lower extremity, stress and difficulty sleeping, and alopecia. His pain was not rated. He reported being released back to work with restrictions, light duty could not be accommodated, and he was placed on "permanent leave". Exam of the lumbar spine noted tenderness to palpation with slight associated spasm and muscle guarding over the paraspinal musculature and left sacroiliac joint, positive left sacroiliac test and straight leg raise, and decreased range of motion. Sensation was decreased along the L5 dermatome on the left and no muscle weakness was noted in the major muscles of the bilateral lower extremities. Current medication regimen was not documented. Magnetic resonance imaging of the lumbar spine (4-17-2015) showed no evidence of substantial disc bulge-herniation, central canal stenosis, or significant neuroforaminal narrowing at any level. The treatment plan included an interferential unit for pain management and LSO back brace for back support, non-certified by Utilization Review on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines an IF unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, there was no mention of complimentary evaluation for exercise and work. Length of treatment was not provided. The use of an IF unit is not medically necessary

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use was not specified. The use of a LSO brace is not medically necessary.