

Case Number:	CM15-0204604		
Date Assigned:	10/21/2015	Date of Injury:	08/01/2013
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 53 year old female, who sustained an industrial injury on 8-1-13. She reported right knee and low back pain. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right knee internal derangement. Treatment to date has included bilateral L3-5 medial branch block rhizotomy, acupuncture, right knee arthroscopy in June 2014, physical therapy, and lumbar epidural injections. Physical examination findings on 9-22-15 included antalgic gait on the right, diffuse tenderness to palpation with spasm noted over the paravertebral musculature, and mild facet tenderness over the L4-S1 levels. Piriformis tenderness, piriformis stress, sacroiliac tenderness, Fabere's, Patrick's, sacroiliac thrust, and Yeoman's tests were positive on the left. Patellar compression and McMurray's tests were positive on the right. Muscle strength in the knee extensors and hip flexors were reduced on the right. On 9-22-15, the injured worker complained of low back pain. On 9-15-15 the treating physician requested authorization for an interferential stimulator 1 month rental with supplies, a quick draw back brace for purchase, a moist heating pad for purchase, and a lumbar exercise kit for purchase. On 10-1-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator 1 month rental with supplies: 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: Regarding the request for interferential unit trial, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). The RFA dated 9/15/15 has a progress note associated with it on the same date of service. A review of this note fails to outline any of the above indications for IF unit rental. In light of this, the currently requested interferential unit is not medically necessary.

Quick Draw back brace for purchase: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbar brace (Quickdraw), ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbar brace is not medically necessary.

Moist heating pad for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) in cryotherapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat Therapy & Cold/Heat Packs Entries.

Decision rationale: Regarding the request for a heat pad, ACOEM Practice Guidelines state 'At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold.' ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is indication that the patient has chronic low back pain. The use of heat is a viable modality per the ACOEM. Given this, the current request is medically necessary.

Lumbar exercise kit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: Regarding the request for home exercise equipment, the CPMTG does not have specific provision for exercise kits. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment. Finally, the ODG defines DME as equipment that is primarily medical in nature and is not useful in the absence of injury. The exercise equipment would be useful to someone without injury. Given this, the current request is not medically necessary.