

Case Number:	CM15-0205114		
Date Assigned:	10/22/2015	Date of Injury:	09/18/2012
Decision Date:	12/28/2015	UR Denial Date:	10/13/2015
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: 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:

This injured worker is a 55 year old male who reported an industrial injury on 9-18-2012. His diagnoses, and or impressions, were noted to include: status-post lumbar laminectomy (10-31-15) with residual thoracolumbar sprain-strain and post-operative changes with no evidence of translation. No current x-rays or imaging studies were noted. His treatments were noted to include: diagnostic lumbar x-rays (2-27-14), and MRI's (11-14-13 & 6-10-14); lumbar surgery with post-operative physical therapy (4-2015 & 6-2015); self-procured yoga; land exercises; medication management with toxicology studies (4-22-15); and a return to modified work duties before a return to unrestricted work duties on 9-18-2015. The progress notes of 9-18-2015 reported: minimal low back pain, the ability to return to work at his usual and customary duties; and an occasional flare-up of symptoms, spasms, stiffness and radicular symptoms to the bilateral lower extremities. The objective findings were noted to include: a well-healed lumbar surgical scar; tenderness with muscle guarding over the lumbar para-vertebral musculature, left > right, and over the quadratus lumborum muscle; positive straight leg raise and Kemp's tests; and decreased lumbar range-of-motion. The physician's requests for treatment were noted to include: a dispensed lumbar spine support brace for stability while working; and interferential current supplies (pads, stim., etc.), with thermophore, and a lumbar spine exercise kit to increase activities of daily living and stability, and decrease pain, spasms and inflammation. No Request for Authorization for a lumbar support brace; interferential current supplies; thermophore; and a lumbar spine exercise kit was noted in the medical records provided. The Utilization Review of

10-13-2015 non-certified the request for: a lumbar support brace; interferential current supplies; thermophore; and a lumbar spine exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back - Lumbar & Thoracic (Acute & Chronic): Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lumbar spine support brace is not medically necessary.

Interferential current 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: According to the MTUS an interferential current stimulation (ICS) 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. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential current stimulation (ICS) is not recommended by the MTUS; therefore, interferential current supplies are not medically necessary.

Thermophore: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Cold/heat packs.

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 - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The Official Disability Guidelines recommended heat packs as an option for acute pain. The age of the patient's claim indicates it is well past the acute phase of the injury. Therefore, this request is not medically reasonable at this time. Thermophore is not medically necessary.

Lumbar spine exercise kit: 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 Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Lumbar spine exercise kit is not medically necessary.