

Case Number:	CM15-0040404		
Date Assigned:	03/10/2015	Date of Injury:	09/10/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 29 year old male, who sustained an industrial injury on September 10, 2014. He reported a back injury. The injured worker was diagnosed as having lumbosacral sprain/strain, bilateral sciatica. Treatment to date has included medications and magnetic resonance imaging of the lumbar spine. The records indicate a magnetic resonance imaging of the lumbar spine on November 14, 2014 reveals disc protrusion, and mild foraminal stenosis. On January 28, 2015, he complains of low back pain with radiation into the left leg down to the toes, and an associated tingling sensation, along with reported weakness. Physical findings are noted to be an abnormal gait, tenderness in the lumbar region, standing without weight on the left leg, and decreased sensation along the left leg and foot. Testing is positive for straight leg raise bilaterally.

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 Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 113-117.

Decision rationale: Per the guidelines, an inferential or TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for an inferential unit is not substantiated.

Right Handed Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter; Aetna Clinical Policy Bulletins Number 0505: Ambulatory Assist Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

Decision rationale: This injured worker has chronic pain with an abnormal gait. A cane is typically used to minimize the weight over a joint to reduce pain or to help with balance with leg weakness. Canes help most when the gait issue is one sided or mild. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to gait or function. The medical necessity of a cane is not substantiated in the records.

Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9 and 301.

Decision rationale: This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the

rationale from the records for a lumbar support brace at this point in his treatment. The records do not substantiate the medical necessity for a lumbar spine support.