

Case Number:	CM15-0045495		
Date Assigned:	04/16/2015	Date of Injury:	12/17/2014
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

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 28 year old female, who sustained an industrial injury on December 17, 2014. She reported low back pain. The injured worker was diagnosed as having closed fracture of the sacrum and coccyx, displacement of lumbar disc without myelopathy, coccydynia, sacralgia, low back pain and lumbar radiculitis and radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, medications and activity modifications. Currently, the injured worker complains of low back pain, sacrum and coccyx pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 29, 2015, revealed continued pain as noted. Equipment for the back was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 interferential unit w/ garment for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in December 2014 with fracture of the sacrum / coccyx and continues to be treated for low back pain. When seen, there had been slight improvement. She had been provided with a cushion and medications. Authorization for trigger point injections had been requested. Use of an interferential stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial after there has been ineffective pain control despite conservative measures. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested interferential unit with garment is not medically necessary.

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work-related injury in December 2014 with fracture of the sacrum / coccyx and continues to be treated for low back pain. When seen, there had been slight improvement. She had been provided with a cushion and medications. Authorization for trigger point injections had been requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore is not medically necessary.