

Case Number:	CM15-0238749		
Date Assigned:	12/15/2015	Date of Injury:	10/02/2013
Decision Date:	01/22/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/07/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 2, 2013. In a Utilization Review report dated November 13, 2015, the claims administrator failed to approve a request for a Solace multi-stimulator device with associated supplies and a back brace. A November 3, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an order form dated November 4, 2015, the Solace multi-stimulator unit, associated electrodes and associated lead wires were all prescribed and/or dispensed, as was a back brace. An associated progress note of November 3, 2015 seemingly made no mention of the need for either the back brace or the multi-stimulator device but did endorse Effexor, Prilosec, Norco, several topical compounds, functional capacity testing, an orthopedic surgery consultation and an epidural steroid injection. The applicant was given a 30-pound lifting limitation on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Solace Stim Unit with up to 12 months of supplies- 5 months/convert to purchase:
 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 based on Non-MTUS Citation Product Description Multi Stim Unit - Post Surgical Rehab Specialists MSU Multi Stim Unit
FEATURES: Three forms of therapy: T.E.N.S. , Interferential, and Neuromuscular Stimulator
Five pre-set patient friendly protocols Three programmable clinician set protocols.

Decision rationale: No, the request for a Solace multi-stimulator unit was not medically necessary, medically appropriate, or indicated here. The multi-stimulator unit, per the product description, is an amalgam of conventional TENS therapy, interferential therapy, and neuromuscular electrical stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES), i.e., one of the modalities in question is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, however, there is no evidence that the applicant had sustained a stroke. Since the neuromuscular electrical stimulation (NMES) component of the device was not indicated, the entire device was not indicated. Therefore, the request was not medically necessary.

Aspen Summit Back Brace for Purchase: Upheld

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

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

Decision rationale: Similarly, the request for an Aspen Summit back brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, November 4, 2015, following an industrial injury of October 2, 2013. Introduction, selection, and ongoing usage of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.