MAXIMUS Federal Services

Case Number:	CM14-0107980		
Date Assigned:	09/23/2014	Date of Injury:	09/27/2013
Decision Date:	11/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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's date of injury is 09/27/2013. Medical records regarding the original injury were not provided. This patient receives treatment for chronic low back pain. The patient reports sharp and stabling low back pain with radiation to the legs. A lumbar MRI from 11/21/2013 showed evidence of lumbar disc disease with mild disc degeneration. On exam there was muscle spasm in the lumbar region with tenderness of the paraspinal muscles and spinal processes. SLR (straight leg raise) is positive at 70 degrees. The patient received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (Lumbar-Sacral Orthosis) 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), Low Back, Lumbar Supports

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 supports

Decision rationale: This patient has chronic low back pain. The treatment guidelines do not recommend the use of lumbar braces for this condition, because clinical studies show that they are not effective. Exercise interventions are effective. The LSO brace is not medically indicated.

Heat pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The medical documentation does not make clear the indication for the heating pad. There is no mention of any new injury. There is no mention of a recent change in the symptoms or functional assessment. The request for the heating pad is not medically indicated.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 114-120.

Decision rationale: Interferential Current Stimulation is not recommended as a treatment modality because there is no quality evidence of effectiveness. The request for the interferential unit is not medically indicated.