

Case Number:	CM15-0124905		
Date Assigned:	07/10/2015	Date of Injury:	10/14/2005
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 10/14/05. The diagnoses have included pain in joint involving the lower leg, major depressive disorder, generalized anxiety and insomnia. Treatment to date has included medications, activity modifications, physical therapy, acupuncture, injections, and other modalities. Currently, as per the physician progress note dated 5/28/15, the injured worker complains of constant throbbing pain and cramping in the bilateral feet, and increased low back pain. The bilateral knees reveal pain rated 7/10 on pain scale with frequent walking with increased pain at night. The objective findings reveal sleep disturbance due to pain, antalgic gait, there is lumbar tenderness to palpation, there is tenderness noted over the bilateral knees medial joint line, there is edema noted over the bilateral knees, there is crepitus noted in the bilateral knees, and the bilateral knees have decreased range of motion noted. The current medications included Ibuprofen, Prilosec, Cyclobenzaprine and Tramadol cream. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays of the bilateral knees. There is previous therapy sessions noted. The physician requested treatments included Lumbar Spine Corset Purchase, 1 Month Home Based Trial of Neurostimulator TENS-EMS with Patch RF and Bilateral Knee Low Profile Varus Unloader Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Corset Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

1 Month Home Based Trial of Neurostimulator TENS-EMS with Patch RF: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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, for the conditions described below. 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. Review of the provided documentation shows these criteria to have been met and therefore the request is medically necessary.

Bilateral Knee Low Profile Varus Unloader Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves are only recommended as a treatment option for patellofemoral syndrome. Therefore the request does not meet guideline recommendations and is not medically necessary.