

Case Number:	CM15-0070004		
Date Assigned:	04/17/2015	Date of Injury:	08/29/2014
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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 59-year-old who has filed a claim for chronic elbow, shoulder, wrist, hand, and low back pain reportedly associated with an industrial injury of August 29, 2014. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve requests for a lumbar spine brace and a TENS-EMS device. A March 5, 2015 progress note and associated March 18, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant reported ongoing issues with anxiety, palpitations, and exertional dyspnea. The applicant was status post a total knee arthroplasty procedure. The applicant's work status was not furnished. In a Doctor's First Report (DFR) dated March 12, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, jaw, shoulder, and hip pain reportedly attributed to cumulative trauma at work. MRI imaging of the lumbar spine, a functional capacity evaluation, a psychiatric consultation, an internal medicine consultation, a topical compounded cream, and multiple x-ray studies were proposed while the applicant was kept off of work, on total temporary disability. A TENS-EMS device was also apparently prescribed and/or dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

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

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

Decision rationale: No, the request for a lumbar spine 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 outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, March 12, 2015, following an industrial injury of August 29, 2014. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this relatively late stage in the course of the claim. Therefore, the request was not medically necessary.

TENS-EMS w/ Supplies, 1 month home based trial Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Similarly, the request for a TENS-EMS device with associated supplies was likewise not medically necessary, medically appropriate, or indicated here. The EMS component of the device represents a form of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Since one component in the multi-modality device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.