MAXIMUS Federal Services

Case Number:	CM15-0071496		
Date Assigned:	04/21/2015	Date of Injury:	01/01/2001
Decision Date:	12/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 72 year old male sustained an industrial injury on 9-13-00. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain. In a progress report dated 11-10-14, the injured worker presented for continued low back treatment. The injured worker's last appointment had been 2-10-14. The injured worker had not returned for his scheduled follow-up appointment in March. The injured worker complained of progressively worsening low back pain. The physician recommended an updated magnetic resonance imaging and Ultracet. In a progress report dated 2-9-15, the injured worker complained of ongoing low back pain with radiation down bilateral lower extremities, associate with numbness, tingling and weakness. Previous treatment included transcutaneous electrical nerve stimulator unit and medications. The injured worker reported that his leg symptoms woke him at least once every night. The injured worker reported that use of a transcutaneous electrical nerve stimulator unit did not help. Physical exam was remarkable for tenderness to palpation over bilateral sacroiliac joint and sciatic notch with limited range of motion: extension 14 degrees and bilateral rotation 15 degrees. The physician was awaiting approval for magnetic resonance imaging and x-rays of the lumbar spine. The physician recommended a lumbar spinal compression brace, a trial of an interferential unit and continuing Ultracet. On 3-16-15, Utilization Review non-certified a request for retrospective review of interferential until on a trial basis dispensed on 2-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for interferential unit on a trial basis dispensed 02/09/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-https://www.acoempracguides.org/ Low Back; Table 2, Summary of Recommendations, Low Back Disorders; Broadspire Medical Advisory: Interferential Stimulation (IFS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential (IF) unit.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective review for Interferential unit (IF) trial basis dispense February 9, 2015 is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for IF to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis is a mild ligamentous strain of the lumbar spine. Date of injury is September 13, 2000. Request for authorization is February 26, 2015. According to a February 9, 2015 progress note, the injured worker presents with ongoing low back pain that radiates to the bilateral lowered somebodies, left greater than right. There is intermittent numbness, tingling and weakness. Objectively, there is tenderness at the SI joint with decreased range of motion. The treating provider requested IF unit. The documentation states injured worker failed TENS use. The documentation does not indicate the duration for the IF trial basis (30 days versus 60 days versus 90 days). There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The documentation indicates the worker is not currently in PT. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a time frame for the IF trial basis, retrospective review for Interferential unit (IF) trial basis dispense February 9, 2015 is not medically necessary.

One purchase SLEEQ AP + LSO lumbar support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-https://www.acoempracguides.org/ Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

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 section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one purchase SLEEQ AP + LSO lumbar support is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's working diagnosis is a mild ligamentous strain of the lumbar spine. Date of injury is September 13, 2000. Request for authorization is February 26, 2015. According to a February 9, 2015 progress note, the injured worker presents with ongoing low back pain that radiates to the bilateral lowered somebodies, left greater than right. There is intermittent numbness, tingling and weakness. Objectively, there is tenderness at the SI joint with decreased range of motion. There is no documentation of lumbar instability. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is no clinical indication or rationale for the LSO support. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one purchase SLEEQ AP + LSO lumbar support is not medically necessary.

One follow-up appointment scheduled for 03/09/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-https://www.acoempracguides.org/ Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, one follow-up appointment scheduled for 03/09/15 is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is a mild ligamentous strain of the lumbar spine. Date of injury is September 13, 2000. Request for authorization is February 26, 2015. According to a February 9, 2015 progress note, the injured worker presents with ongoing low back pain that radiates to the bilateral lowered somebodies, left greater than right. There is intermittent numbness, tingling and weakness. Objectively, there

is tenderness at the SI joint with decreased range of motion. Documentation indicates the injured worker requested an MRI of the lumbar spine and radiographs. Diagnostic testing, however is not authorized. Follow-up visits have been authorized on an as needed basis. At the time the diagnostic tests (MRI and radiographs) are authorized and completed, the treating provider may, at that time, request a follow-up appointment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation with the clinical indication or rationale (pending MRI and radiographic testing), one follow-up appointment scheduled for 03/09/15 is not medically necessary.