

Case Number:	CM15-0071519		
Date Assigned:	04/21/2015	Date of Injury:	10/02/2013
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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] employee who has filed a claim for chronic neck pain, back pain, shoulder pain, knee pain, and leg pain with derivative complaints of headaches reportedly associated with an industrial injury of October 2, 2013. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for an interferential unit rental and a lumbar support. The claims administrator referenced a RFA form received on March 13, 2015 in its determination, as well as a progress note of February 3, 2015. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 5, 2014, the medical-legal evaluator acknowledged that the applicant was off of work, on total temporary disability, owing to multifocal complaints of low back, knee, leg, neck, and bilateral shoulder pain. On February 2, 2015, the applicant was again placed off work, on total temporary disability. Multifocal pain complaints were reported. The applicant was asked to obtain MRI imaging of the cervical spine, MRI imaging of lumbar spine, and MRI imaging of the bilateral knees. Fioricet, a lumbar support, and an interferential unit were proposed. In another section of the note, the attending provider also suggested that the applicant obtain a TENS unit and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit rental for 2 months with garment to be used as adjunct to Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation, Barbiturate-containing analgesic agents.

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

Decision rationale: No, the request for an interferential unit rental for two months with garment to be used as an adjunct to Fioricet was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of an interferential unit stimulator in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, in this case, however, there was no mention of the applicant's having issues with analgesic medication intolerance, lack of analgesic medication efficacy, and/or history of substance abuse which would prevent provision of analgesic medications. The attending provider's February 2, 2015 was thinly and sparsely developed, handwritten, not altogether legible, did not make a compelling case for introduction of an interferential current stimulator device. Therefore, the request was not medically necessary.

LSO lumbar 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, and Lumbar Supports.

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

Decision rationale: Similarly, the request for a lumbar support/lumbar brace was likewise 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 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, February 2, 2015, following industrial injury of October 2, 2013. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this relatively late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.