

Case Number:	CM15-0073984		
Date Assigned:	04/24/2015	Date of Injury:	02/26/2008
Decision Date:	06/16/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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, Illinois

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:

This 50 year old male sustained an industrial injury to the back and neck on 2/26/08. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, H-wave and medications. In the most recent PR-2 submitted for review, dated 2/25/15, the injured worker complained of intermittent pain to the right inguinal area as well as ongoing left shoulder pain. The injured worker was requesting a second transcutaneous electrical nerve stimulator unit or H-wave unit so he could treat both the upper and lower back simultaneously. The injured worker was working full time. Current diagnoses included chronic low back pain with radicular symptoms, chronic neck pain, bilateral inguinal hernia repair, bilateral carpal tunnel release (2006) and hypogonadism secondary to chronic narcotic use. The treatment plan included a two month supply of medications (Norco, Celebrex, Trazadone, Effexor and Zanaflex), request for authorization for a second H-wave unit, an orthopedic consultation for the shoulder and a pelvic ultrasound. A urine drug screen was performed during the office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of KUHL Lei-Back Brace Model: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The injured worker sustained a work related injury on 2/26/08. The medical records provided indicate the diagnosis of chronic low back pain with radicular symptoms, chronic neck pain, bilateral inguinal hernia repair, bilateral carpal tunnel release (2006) and hypogonadism secondary to chronic narcotic use. Treatments have included lumbar fusion, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Purchase of KUHL Lei-Back Brace Model. The MTUS does not recommend the use of back support. The request is not medically necessary.