MAXIMUS Federal Services

Case Number:	CM15-0093836		
Date Assigned:	05/20/2015	Date of Injury:	12/08/2014
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California
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:

This is a 25 year old male patient, who sustained an industrial injury on December 8, 2014. The patient reported neck, back, arm and leg pain due to fall while pulling a heavy load. The diagnoses include neck muscle strain and lumbar strain/sprain. Per the physical therapy daily note dated 4/20/15, he had lumbar spine pain and soreness at 3/10. Per the progress note dated January 6, 2015, she had complaints of neck pain rated 5-6/10 and back pain rated 7-8/10; headaches rated 5/10 and left foot pain rated 0-4/10. Physical examination revealed head tenderness on palpation, cervical and thoracic tenderness on palpation with decreased range of motion (ROM), lumbar spasm with decreased range of motion (ROM); the left foot-tenderness and limited exam due to pain. The medications list includes Flexeril and topical compound cream. He has had lumbar spine MRI on 2/18/15, which revealed multilevel disc herniation; MRI cervical spine dated 2/18/15, which revealed early disc desiccation at C2-3 down to C5-6; left foot X-rays. He has had physical therapy visits for this injury. There is a request for ProStim unit purchase, electrodes purchase, lead wires purchase, batteries purchase and Apollo lumbosacral brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProStim unit purchase, electrodes purchase, leadwires purchase, batteries purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-116.

Decision rationale: According the cited guidelines, TENS is "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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. As the medical necessity of prostim unit itself is not established, the medical necessity of the accessories that go with it is also not fully established. ProStim unit purchase, electrodes purchase, lead wires purchase, and batteries purchase is not medically necessary for this patient.

Apollo LSO (lumbosacral) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Durable Medical Equipment - Back brace.

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

Decision rationale: Per the ACOEM guidelines, "There is no evidence for the effectiveness of lumbar supports." The cited guidelines do not recommend lumbar support for low back pain. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Apollo LSO (lumbosacral) brace is not fully established for this patient. The request is not medically necessary.