

Case Number:	CM14-0155374		
Date Assigned:	09/25/2014	Date of Injury:	09/04/2013
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 42-year-old male who reported an injury on 09/04/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included head contusion, lumbar spine disc bulge, lumbar spine radiculitis, and cervical spine myofasciitis. Previous treatments included physical therapy, medication, acupuncture, and epidural steroid injections. The diagnostic testing included an EMG/NCV, MRI of the lumbar spine dated 11/21/2013. Within the clinical note dated 08/21/2014, it was reported the injured worker complained of lumbar spine pain. He reported the pain was constant, severe, and non-radiating. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted the injured worker had tenderness and spasms to palpation over the lumbar paraspinal muscles. There was moderate facet tenderness at L4-S1. The injured worker had a positive sacroiliac tenderness, FABERE/Patrick's, sacroiliac thrust test. The request submitted is for a lumbar brace, and multi stim unit, and supplies for purchase. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG)-Treatment for Workers' Compensation (TWC), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for a DME lumbar brace is not medically necessary. The California MTUS/ACOEM Guidelines note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation submitted failed to indicate the rationale for the brace. There is a lack of clinical documentation warranting the medical necessity for the lumbar brace. There is a lack of documentation indicating the injured worker underwent surgery requiring a brace. Additionally, the injured worker is out of the acute phase of symptom relief to utilize a lumbar brace. Therefore, the request is not medically necessary.

Multi-Stim Unit and Supplies - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116..

Decision rationale: The request for a Multi Stim Unit and Supplies for Purchase is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. There is a lack of documentation indicating the injured worker had significant deficits upon the physical examination. There is a lack of documentation indicating the injured worker underwent adequate trial of the unit. Additionally, the guidelines recommend rental over purchase. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.