

Case Number:	CM14-0172879		
Date Assigned:	10/23/2014	Date of Injury:	07/03/2014
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, and is licensed to practice in California. 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 (IW) is a 31-year-old man with a date of injury of July 3, 2014. The mechanism of injury occurred when the IW was walking and carrying a bucket of water on a greasy floor. He slipped and landed on the left side. He did not receive any treatment until September 9, 2014. The IW currently has complaints of moderate to severe pain in the low back occasionally radiating to the left groin, anterior medial left thigh and to the knee, left shoulder and cervical spine. Physical examination reveals left shoulder tenderness with palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex or rotator cuff on the left. Glenohumeral labral testing for instability is negative. There is a positive impingement test on the left side. Physical examination of the spine reveals mild increased thoracic kyphosis, tenderness with palpation to the left paravertebral muscles, spinous processes, and sacroiliac joints. There is also positive cervical compression test and Soto Hall test with symptoms bilaterally. Gait is normal heel to toe. Walking on tiptoes produces pain in the left groin and thigh. There is no pain with heel waling. There are no paravertebral muscle spasms. There is minimal to moderate range of motion deficits throughout the spine and moderate deficits at the left shoulder. Neurological test reveals normal sensation to pinprick and light touch bilaterally. Motor power is normal and symmetrical in all major muscle groups of the lower extremities. Straight leg raising is negative bilaterally in the sitting position. Supine Lasegue's is negative bilaterally at 70 degrees. X-rays of the cervical spine dated September 9, 2014 reveals: No fractures, calcifications anterior to the disc levels C4-C5 through C6-C7 which may reflect ligamentous calcifications. X-rays of the thoracic spine dated September 9, 2014 reveals: Subtle dorsal S-shaped scoliosis, dextroconvex superiorly and levoconvex inferiorly. No acute fracture appreciated. X-rays of the lumbar spine dated September 9, 2014 reveals: Subtle dorsal spine S-shaped scoliosis, dextroconvex superiorly and levoconvex inferiorly. No acute fracture

appreciated. X-rays of the left shoulder dated September 9, 2014 reveals: Normal findings. Diagnoses include: Cervical spine sprain/strain; thoracic spine sprain/strain, improved; left shoulder sprain/strain with internal derangement and impingement, and left groin pain, no palpable hernia. The treating physician has recommended chiropractic therapy three times a week for 4 weeks to the cervical spine, lumbar spine, and left shoulder, a functional capacity evaluation, lumbar support for part-time use, Gabapentin/Ketoprofen/Lidocaine cream, and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) Unit: 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), Pain Chapter, Interferential current stimulation (ICS)

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 Current Stimulation

Decision rationale: Pursuant to the Official Disability Guidelines, the interferential current stimulation (ICS) is not medically necessary. The guidelines state ICS 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. There is limited evidence of improvement on those recommended treatments alone. The findings from these trials are either negative or insufficient for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for ICS to be determined to be medically necessary: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is effectively controlled with medications due to side effects; or history of substance abuse; or significant pain from acute conditions that limit the ability to perform exercise programs for physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, a one-month trial may be appropriate should there be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the injured worker's date of injury July 3, 2014. The injured worker did not present to the doctor until September 2014. He was prescribed a topical analgesic and a request for chiropractic treatment was submitted. The injured worker did not meet any of the aforementioned criteria enumerated above. He was on a topical analgesic with no oral medications prescribed. Pain was not effectively controlled to the side effects. There is no history of substance abuse. There was no significant pain that limited the injured worker's ability to perform exercise programs or physical therapy treatment. And conservative measures were not utilized. Consequently, the injured worker did not meet criteria for ICS. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, ICS is not medically necessary.

Lumbar-Sacral (LS) support - part time: 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, Lumbar Supports

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 Support

Decision rationale: Pursuant to the Official Disability Guidelines, lumbar supports are not medically necessary. The guidelines state lumbar supports are recommended as an option for compression fractures and specific treatment for spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the injured worker's diagnoses were cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and left blank pain no palpable hernia. Lumbar supports are recommended for conditions including, but not limited to, compression fractures specific treatment for spondylolisthesis and documented instability. The injured worker did not have any of these symptoms. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, the lumbar support is not medically necessary.