

Case Number:	CM13-0026417		
Date Assigned:	11/22/2013	Date of Injury:	12/02/2010
Decision Date:	01/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 44-year-old male with a reported date of injury on 12/02/2010. The patient presented with constant low back pain with numbness and tingling, muscle spasms in the lower back, sharp, shooting pains in the groin area, and tenderness over the posterior superior iliac spine bilaterally. The patient had diagnoses including musculoligamentous sprain of the lumbar spine with left lower extremity radiculitis and disc bulges at L1-2, L2-3, L3-4, L4-5, and L5-S1. The physician's treatment plan included request for Solace multi stim unit x5 month rental, electrodes (qty 8 pair per month) x5 months, lead wires (qty 2), an adaptor, inversion traction table x2 week rental, and installation x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi stim unit for 5 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness

except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines note it is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Within the provided documentation it was noted the patient was using a stimulation unit at home which was noted to be helping. However, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the stimulation unit. Therefore, the request for Solace multi stim unit x5 month rental is neither medically necessary nor appropriate.

Electrodes (qty 8 pair per month) x5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Leadwires (qty 2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Adaptor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inversion traction table x 2 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, traction

Decision rationale: The California MTUS guidelines do not address lumbar spine traction. ACOEM states, traction is not recommended for the treatment of low back disorders. The Official Disability Guidelines further note, traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Within the provided documentation it was noted the patient was using an inversion table. Within the provided documentation the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the traction table. Therefore, the request for an inversion traction table x2 week rental is neither medically necessary nor appropriate.

Installation x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.