

Case Number:	CM13-0063110		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2006
Decision Date:	07/31/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 72-year-old female with a reported date of injury on 03/27/2006. Her diagnoses were noted to include lumbar disc herniation, lumbar stenosis, and lumbar spine discopathy with facet arthrosis and segmental instability with bilateral lower extremity pain radiation, left side greater than right. The previous treatments were noted to include physical therapy, acupuncture, chiropractic care, and medications. The progress note dated 10/08/2013 reported the injured worker was able to increase her walking and stated there was no change in her left lower extremity pain. The physical examination reported lumbar tenderness to L5 and increased low back pain with radiating pain to the left buttock and posterior thigh. The Request for Authorization Form dated 10/08/2013 was for lumbar traction and interferential stimulator with supplies due to lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for lumbar traction is not medically necessary. The injured worker complains of continued low back pain. The California MTUS/ACOEM Guidelines do not recommend traction for the treatment of low back disorders. The guidelines state traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treatment of low back injuries, it is not recommended. The guidelines do not recommend traction for lumbar spine disorders and lumbar traction is not medically warranted at this time. Therefore, the request is not medically necessary.

Interferential Stimulator with Supplies(electrodes, batteries, wipes and lead wire): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The request for interferential stimulator with supplies (electrodes, batteries, wipes, and lead wire) is not medically necessary. The injured worker has received previous treatments of acupuncture, chiropractic care, and physical therapy. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation 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 of those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and postoperative knee pain. There is not enough documentation regarding an adjunction of work, exercise, and medications to be utilized with the interferential stimulator. Therefore, the request is not medically necessary.