

<b>Case Number:</b>	CM13-0071420		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Neurological Surgery 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 records, presented for review, indicate that this 37-year-old male was reportedly injured on October 11, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Ibuprofen, Tramadol, and Flexeril. The physical examination demonstrated tenderness along the lower lumbar spine as well as the lower thoracic spine. There was a positive right sided straight leg raise test. Diagnostic imaging studies reported a 5% deviation of the thoracic vertebrae. Previous treatment included chiropractic care. Previous physical therapy was approved, but the injured employee did not want to travel to that location. The treatment plan included obtaining physical therapy closer to the injured employee's residence in Fresno, decreasing Tramadol, increasing Ibuprofen, and refilling Flexeril. A request was made for an inferential unit, back brace, and lumbar exercise kit and was not certified in the pre-authorization process on December 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the use of an inferential current stimulation unit is only indicated if pain is ineffectively controlled due to diminished effectiveness of medications, or there has been shown to be no responsiveness to other conservative measures. The most recent progress note, dated January 29, 2014, did not indicate these conditions and also stated that the injured employee has yet to participate in physical therapy. For these reasons, this request for an inferential (IF) unit is not medically necessary.

**Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**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 - Lumbar & Thoracic (Acute & Chronic), Lumbar supports, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the use of a lumbar support is only recommended as a treatment option for individuals with compression fractures, spondylolisthesis, or documented instability. There is no known efficacy for prevention with the use of a back brace. For these reasons, this request for a back brace is not medically necessary.

**Lumbar Exercise Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Durable medical equipment, updated June 5, 2014.

**Decision rationale:** It is unclear exactly what is requested with the use of a lumbar exercise kit. A simple home exercise program for core strengthening including stretching and strengthening of the lumbar spine can be performed without any equipment whatsoever. Without specific justification for the need of a lumbar exercise kit, this request is not medically necessary.