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| <b>Case Number:</b>   | CM14-0139348 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 04/08/2014 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 08/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2014 |

### 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 Anesthesiology has a subspecialty in Pain 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 is a 56 year old female whose date of injury is 04/08/14. The injured worker fell and landed on the bilateral knees. Treatment to date includes 2 weeks of therapy and 12 visits of chiropractic treatment. Initial comprehensive medical evaluation and report dated 07/02/14 indicates that on physical examination lumbar range of motion is flexion 95, extension 30, bilateral lateral flexion 20, left rotation 10 and right rotation 30 degrees. Straight leg raising is positive bilaterally at 45 degrees. Diagnoses are cervical spine radiculopathy, thoracic spine strain/sprain, lumbosacral strain/sprain, sleep deprivation, stress and anxiety. Treatment plan includes physical therapy, MRI and x-rays, pain management evaluation, internal med evaluation and sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Force Stimulator Unit Plus 3 Months Supplies Conductive Garment X2 (Purchase):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** The submitted records fail to establish that the injured worker has undergone a successful trial of the unit as required by MTUS guidelines to establish efficacy of treatment. There are no specific, time-limited treatment goals provided. As such, the request is not medically necessary.

**Solar Care Fir Heating System (Purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**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 Chapter, Cold/heat packs

**Decision rationale:** There is no indication that the injured worker has undergone a successful trial of the unit. The Official Disability Guidelines would support the at-home local application of heat packs. There is no clear rationale provided to support purchase of the unit and no specific, time-limited treatment goals are provided. As such, the request is not medically necessary.

**Kronos Lumbar Pneumatic Brace (Purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 301.

**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 Chapter, Lumbar supports

**Decision rationale:** The Official Disability Guidelines note that lumbar supports are not recommended for the prevention of low back pain. The Official Disability Guidelines would support a lumbar brace with documented evidence of instability, spondylolisthesis or compression fracture. These are not documented in the submitted clinical records, and therefore, medical necessity of the request is not established in accordance with the Official Disability Guidelines.