

Case Number:	CM14-0139866		
Date Assigned:	09/08/2014	Date of Injury:	08/06/2013
Decision Date:	10/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	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 Nevada and is licensed to practice in Nevada. 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 49 year old gentleman was reportedly injured on August 6, 2013. The mechanism of injury was stated to be picking up a wet laundry bag weighing approximately 50 pounds. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of shoulder pain and weakness. The injured employee rated his pain at 8/10. The physical examination demonstrated tenderness about both shoulders and decreased range of motion. The physical examination of the lumbar spine indicated tenderness and decreased lumbar spine range of motion along with a positive straight leg raise test. Diagnostic imaging studies of the lumbar spine were not available. Previous treatment includes chiropractic care and oral medications. A request was made for a lumbar spine home traction unit and a lumbar spine home conductive garment and was not certified in the preauthorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Home Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of a conductive garment associated with a tens unit is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The medical record does not indicate that the injured employee meets these criteria. Additionally, there is no documentation regarding the efficacy of a prior thirty day TENS unit trial. For these reasons, this request for a lumbar spine Home conductive garment is not medically necessary.

Lumbar Spine Home Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 and Thoracic, Traction, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines traction is not recommended using powered traction devices but a 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. However, as a sole treatment, traction has not proved effective for lasting relief in the treatment of low back pain. This request does not specify the type of traction unit requested and it is unclear as if it is to be used with concurrent therapy. As such, this request for a lumbar spine home traction unit is not medically necessary.