

<b>Case Number:</b>	CM14-0157718		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine & Rehabilitation, 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:

This 62 year-old patient sustained an injury on 9/30/10 while employed by [REDACTED]. Request(s) under consideration include Electrodes (16 pairs) lumbar spine, purchase, LSO (lumbar support orthotic) brace purchase, and Interferential unit, lumbar spine, purchase. Diagnoses include cervical disc herniation with myelopathy; lumbar disc displacement without myelopathy/ thoracic/ lumbar radiculitis/neuritis; lateral epicondylitis of bilateral elbows; thoracic spondylosis without myelopathy; and myofasciitis. Conservative care has included medications, therapy, lumbar facet blocks, and modified activities/rest. Report of 8/6/14 from the provider noted the patient with constant chronic severe low back pain extending into both legs with associated numbness in legs and groin area. Exam showed ambulation with cane; tenderness and spasm of paraspinal muscles from L4-S1; positive SLR and Kemp's; decreased sensation at right L5 and S1 dermatomes. Records indicate the patient had received an IF unit with electrodes and LSO back brace on 6/17/13 without current indication for replacement. The request(s) for Electrodes (16 pairs) lumbar spine, purchase, LSO (lumbar support orthotic) brace purchase, and Interferential unit, lumbar spine, purchase were non-certified on 9/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes (16 pairs) lumbar spine, purchase:** 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 Guidelines Transcutaneous Electrotherapy, pages 115-118; Interferential Current Stimulation (ICS).

**Decision rationale:** As the Interferential unit, lumbar spine, purchase is not medically necessary and appropriate, thereby, the Electrodes (16 pairs) lumbar spine, purchase accessories are not medically necessary and appropriate.

**ISO (lumbar support orthotic) brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury of 2010. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The LSO (lumbar support orthotic) brace purchase is not medically necessary and appropriate.

**Interferential unit, lumbar spine, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Not recommended as an i.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage,

increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury of 2010. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interferential unit, lumbar spine, purchase is not medically necessary and appropriate.