

<b>Case Number:</b>	CM14-0174206		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On January 23, 2014, this worker was on a line checking product when 3 boxes weighing approximately 40 pounds got stuck. As she tried to get them unstuck, she experienced pain in her groin and lower back. She had physical therapy for six sessions without relief. She was provided with a back brace and medication and returned to work with modified duties. An MRI of the lumbar spine on 5/20/2014 showed a 4mm right paracentral disc protrusion at L5-S1 resulting in abutment on the descending right S1 nerve root. There was also a 3 mm right foraminal disc protrusion with abutment on the exiting right L5 nerve root. Diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint arthropathy. Medications include tramadol and ibuprofen. At pain management visit on September 4, 2014 she was complaining of pain in the lumbar spine rated as 8/10 and radiating to both legs with numbness, weakness, and tingling sensation. Exam revealed an antalgic gait, diffuse tenderness to palpation over the lumbar paraspinal muscles and moderate facet tenderness L5-S1. Sacroiliac tests were positive on the right. She had positive tests for sciatic nerve root tension. Lumbar range of motion was limited. There was decreased sensation along the L5-S1 dermatomes on the right.. In addition to pain medications and recommendation for epidural steroid injection, a 30 day trial of a home unit for interferential stimulation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-stim unit plus supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 118-119.

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

**Decision rationale:** Interferential Current Therapy is a type of transcutaneous electrical nerve stimulation (TENS). According to the MTUS TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Use of TENS in the treatment of low back pain is not included among the conditions for which TENS is recommended. The MTUS further states that although electro-therapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. Given these considerations, the request for Multi-Stim Unit Plus Supplies is not medically necessary.

**Lumbar brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298 and 301.

**Decision rationale:** According to the MTUS there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. The request for Lumbar Brace is not medically necessary.