

<b>Case Number:</b>	CM14-0024651		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 male who reported an injury on 08/21/2007 due to an unspecified mechanism of injury. On 10/17/2013 he reported constant/severe low back pain that radiated into the bilateral lower extremities, bilateral hip and pelvis pain, gastrointestinal pain, stress, anxiety, depression, sleep deprivation related to pain, and headaches and dizziness with cognitive impairment. Physical examination revealed bilateral positive paravertebral muscle spasm, bilateral positive straight leg raise test, and sensory evaluation was within normal limits. An electromyography (EMG) and nerve conduction velocity studies (NCV) of the lumbar spine performed on 10/31/2012 revealed evidence of acute L5 radiculopathy on the left. Diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy, bilateral hip myoligamentous injury, secondary stress, anxiety, and depression, and secondary sleep deprivation. The treatment plan is for the two month rental of an interferential unit and one lumbar spine brace. The request for authorization and rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The injured worker was noted to have pain starting at the date of his injury in 2007 until the date of the last exam in 2014. American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, therefore they are not recommended. The injured worker's pain is not considered to be in the acute phase. In addition, the rationale for a lumbar brace was not provided. As such, the request is not medically necessary and appropriate.

**2 MONTHS RENTAL OF INTERFERENTIAL UNIT:** 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 Interferential Current Simulation Page(s): 118-120.

**Decision rationale:** The injured worker was noted to have failed several conservative treatment options. The California Medical Treatment Utilization (MTUS) Guidelines state that use of an inferential unit is not recommended as an isolated option. In addition, criteria for Interferential stimulation include pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, medications, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The injured worker does meet a few of the criteria listed above. However, inferential stimulation is recommended for a one-month trial. The request for a 2 month rental exceeds the guidelines. There is a lack of documentation stating that the injured worker had already undergone a one month trial to warrant an extended use. Therefore, the request is not medically necessary and appropriate.