

<b>Case Number:</b>	CM14-0098436		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 29, 2014, the claims administrator denied a request for lumbar pneumatic brace and a Pro-Tech Multi Stimulator unit. The applicant's attorney subsequently appealed. The articles at issue were endorsed via a handwritten request for authorization (RFA) form/prescription form dated February 1, 2014, in which the Pro-Tech Multi Stimulator unit and lumbar pneumatic brace were endorsed. The requesting provider stated that the Multi Stimulator unit was an amalgam of three different modalities, namely conventional TENS therapy, an M-Stim therapy, a neuromuscular electrical stimulation (NMES). In a doctor's first report dated January 8, 2014, the applicant reported ongoing complaints of low back pain reportedly imputed to both sacroiliitis and lumbar radiculopathy. Eight sessions of manipulative therapy and myofascial release therapy were endorsed. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos Lumbar Pneumatic Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Low Back Procedure Summary

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 4, 2007. Introduction and/or ongoing usage of a lumbar support/pneumatic lumbar brace is not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

**Pro-Tech Multi-Stim Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES), Interferential Curren.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Topic Page(s): 121.

**Decision rationale:** As noted by the requesting provider, the device in question is an amalgam of multiple modalities, including conventional TENS therapy, M-Stim therapy, and neuromuscular electrical stimulation (NMES). However, neuromuscular electrical stimulation (NMES), one of the modalities which comprise the device, is not recommended in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Rather, neuromuscular electrical stimulation is reserved for the postop rehabilitative context, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. Since one modality in the device carries an unfavorable recommendation, the entire device is not recommended. Therefore, the request is not medically necessary.