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| <b>Case Number:</b>   | CM14-0208917 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 12/18/2013 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 42 year old male with an industrial injury dated 12/18/2013. He states while at work he was carrying a beer barrel and began to experience lower back pain. Follow up notes indicate the injured worker continues to have back pain. Diagnoses are lumbar sprain and strain. Prior treatment includes physical therapy, medication and diagnostic studies (MRI, electro diagnostic studies and x-rays). On 11/17/2014 the request for Kronos lumbar pneumatic brace (purchase, and Solar Care FIR heating system (purchase) were non-certified by utilization review. ODG was cited. The request for X-Force stimulator (purchase) was modified to a 30 day trial of a home transcutaneous electrical nerve stimulation (TENS) unit. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Force Stimulator (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** The x-force has a dual modality with a TENS function. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use also exceeded a 1 month trial (purchase). The request for a TENS unit purchase is not medically necessary.

**SolarCare FIR Heating System (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infrared therapy.

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

**Decision rationale:** According to the ACOEM guidelines, infrared therapies are not recommended over heat therapies. Heat applications are as effective as those performed by therapists. In this case, the injury was chronic not acute. Based on the guidelines, purchase of a Solar care unit is not medically necessary.

**Kronos Lumbar Pneumatic Brace (purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar support Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a lumbar pneumatic brace is not medically necessary.