MAXIMUS Federal Services

Case Number:	CM14-0209536		
Date Assigned:	12/22/2014	Date of Injury:	02/25/2008
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 57-year-old individual with 2/25/08 date of injury. According to the medical records the patient has ongoing middle and lower back pain with spasm. The 10/13/14 attending physician report indicates the symptoms are aggravated with prolonged sitting, standing, and lying down. The pain is graded 6-9/10. The patient's status appears to be worsening. Physical exam indicates tenderness in the lumbar paraspinal region with spasm. Kemp's test is positive. SLR is negative. DTRs are 2+ bilaterally. Range of motion is limited. According to the 7/24/14 attending physician report, the patient failed response to chiropractic, Rx analgesics, NSAIDs, and home interferential current. The current diagnoses are: 1. Thoracic sprain/strain2. Lumbar sprain/strainThe utilization review report dated 11/4/14 denied the request for Decision for Interferential Stimulator -1 month rental with 12 power packs, 4 electrodes packs, 16 adhesive remover towel mint, 2 TT & SS leadwire, Decision for Conductive Garments #1 with conductive mist #1, and modified the request for Lumbar Traction #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator -1 month renatal with 12 power packs, 4 electrodes packs, 16 adhensice remover towel mint, 2 TT & SS leadwire: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Traction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

Decision rationale: The patient has persistent complaints of mid and lower back pain and spasms. The current request is for Interferential Stimulator -1 month rental with 12 power packs, 4 electrodes packs, 16 adhesive remover towel mint, 2 TT & SS leadwire. According to the MTUS guidelines, Interferential is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. 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 conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures. In this case, the records indicate that the patient was unresponsive to a trial of home interferential as indicated in the 7/24/14 progress report. As such, medical necessity has not been established. The recommendation is for denial.

Conductive Garments #1 with conductive mist #1: 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 stimulation Page(s): 118-120.

Decision rationale: The patient has persistent complaints of mid and lower back pain and spasms. The current request is for Conductive Garments #1 with conductive mist #1. As the above request for interferential current has not been recommended, this makes the request for conductive garments with conductive mist not medically necessary. As such, the recommendation is for denial.

Lumbar Traction #1: 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): 300.

Decision rationale: This patient presents with persistent middle and lower back pain. The current request is for lumbar traction unit for purchase. The ACOEM Guidelines page 300 states the following regarding lumbar traction, "traction has not been proven effective for lasting relief in treating low back pain because evidence is insufficient to support using vertebral axial decompression for treating low back injuries. It is not recommended." Lumbar decompressive therapy or traction units are not supported by ACOEM Guidelines for the treatment of low back pain. The lumbar traction unit for purchase is not medically necessary. Recommendation is for denial.