

<b>Case Number:</b>	CM15-0001304		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/09/2000
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old male, who sustained an industrial injury on June 9, 2000. The details of the injury and immediate symptoms were not documented in the reviewed records. He has reported lower back pain and left leg pain. The diagnoses have included lumbar/lumbosacral disc degeneration, neuralgia/neuritis, and lumbago. Treatment to date has included physical therapy, home exercises, and medications. Currently, the injured worker complains of continued lower back and left leg pain that has been increasing. A computed tomography of the abdomen performed on April 10, 2014 showed liver cirrhosis and an enlarged spleen. The treating physician is requesting a Calmare trial of ten sessions due to failed drug therapy and continued chronic pain. On December 23, 2014 Utilization Review non-certified the request for the Calmare trial noting the lack of documentation to support the necessity of the service. The MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Calmare Trial 10 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** The injured worker sustained a work related injury on June 9, 2000. The medical records provided indicate the diagnosis of lumbar/lumbosacral disc degeneration, neuralgia/neuritis, and lumbago. Treatment to date has included physical therapy, home exercises, and medications. The medical records provided for review do not indicate a medical necessity for Calmare Trial 10 Sessions. The MTUS is silent on this, but the Official Disability Guidelines does not recommend it due to lack of higher quality studies.