

Case Number:	CM15-0009594		
Date Assigned:	01/27/2015	Date of Injury:	05/13/2013
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male with a reported date of injury on 05/13/2013. The mechanism of injury reportedly occurred when the injured worker was standing on a stepstool, loading boxes onto a trailer container. The injured worker was diagnosed with lumbar sprain and strain. The injured worker was previously treated with physical therapy, ice/heat, myofascial release, medications, acupuncture, and chiropractic treatment. Prior diagnostic studies included MRIs of the right wrist and elbow, and an electrodiagnostic study of the upper extremities. The Primary Treating Physician's Initial Evaluation Report dated 10/03/2014 noted the injured worker reported pain to the low back rated 8/10, which was sharp in quality. Upon examination of the lumbar spine, it was noted there was tenderness over the left more than right paraspinal musculature with guarding, lower lumbar spine midline tenderness, and bilateral sacroiliac joint and sciatic notch tenderness. Range of motion was 80% of normal with 50 degrees of trunk flexion, 20 degrees of trunk extension, 20 degrees of left lateral flexion, and 20 degrees of right lateral flexion. Strength was 4/5 with trunk flexion and trunk extension. The Primary Treating Physician's Progress Report dated 11/07/2014 noted the injured worker had low back pain. The Primary Treating Physician's Progress Report dated 11/07/2014 was handwritten and largely illegible. It was noted that the physician's treatment plan included recommendations for a 1 month trial of an interferential unit, use of a vita wrap, continuation of the injured workers home exercise program, use of a lumbar spine brace, and use of an exercise kit. The physician's rationale for the request was not provided within the medical records. The Request for Authorization was dated 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rehab kit- 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request for lumbar rehab kit - purchase is not medically necessary. The California MTUS Guidelines note there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is a lack of documentation demonstrating the physician's rationale for the requests. The request did not indicate the specific components being requested to be included in the exercise kit. As such, the request for lumbar rehab kit purchase is not medically necessary.

IF (interferential unit) - 1 month rental, electrodes x 2 packs, batteries x 2, setup and delivery: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

Decision rationale: The request for IF (interferential unit) 1 month rental, electrodes x 2 packs, batteries x 2, setup and delivery is not medically necessary. The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention. The guidelines note a one month trial of interferential current stimulation may be appropriate if the patient's pain is ineffectively controlled due to diminished effectiveness of medications or side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limit the ability to perform active treatment modalities, or if the patient is unresponsive to conservative measures. The guidelines note it should be documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. The guidelines indicate there should be documentation indicating evidence of increased functional improvement, less reported pain, and evidence of medication reduction after the trial to support purchase of the unit. Within the provided documentation, there was a lack of documentation indicating that the injured worker's pain was ineffectively controlled due to diminished effectiveness of medications or side effects. There was a lack of documentation demonstrating the injured worker tried an interferential unit under the supervision of a physician or provider licensed to provide physical medicine, and the unit was beneficial. Additionally, the requesting physician's rationale for the request was not provided within the

medical records. As such, the request for IF (interferential unit) 1 month rental, electrodes x 2 packs, batteries x 2, setup and delivery is not medically necessary.