

Case Number:	CM15-0149981		
Date Assigned:	08/13/2015	Date of Injury:	10/31/2012
Decision Date:	09/11/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/03/2015

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

Certification(s)/Specialty: Emergency 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:

This is a 25 year old female with an October 31, 2012 date of injury. A handwritten progress note dated May 13, 2015 documents subjective complaints (lumbar spine pain with intermittent radiation to the left lower extremity with numbness and tingling; pain rated at a level of 7 out of 10), objective findings (lumbar spine guarding and spasm; positive straight leg raise on the left; decreased sensation at S1 on the left; decreased deep tendon reflexes), and current diagnoses (lumbar spine sprain and strain; left lower extremity radiculopathy). Portions of the progress note were difficult to decipher. Treatments to date have included imaging studies and medications. The treating physician documented a plan of care that included a traction unit for the lumbar spine and a home interferential unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction unit for the lumbar spine: Upheld

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

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

Decision rationale: As per ACOEM guidelines traction has not been proved effective for lasting relief in treating low back pain. Evidence is insufficient to support using vertebral axial decompression for treating low back injuries. As such, this request is not medically necessary.

Home interferential stimulation unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no failure of TENS documented and there is no evidence of any active rehabilitation program ongoing. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary.