

<b>Case Number:</b>	CM15-0190542		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/29/2005
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, New York, California  
 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 29, 2005. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for an interferential unit and a lumbar support. The claims administrator did, however, apparently approve Neurontin. The claims administrator referenced an August 10, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said August 10, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, exacerbated by sitting. The applicant was working regular duty, it was suggested on this date. The note was handwritten and, at times, difficult to follow. Six sessions of acupuncture, an interferential stimulator, and a lumbar support were seemingly endorsed. Naproxen and Neurontin were likewise prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential home unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** No, the request for an interferential home unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with evidence of "increased functional improvement, less reported pain, and evidence of medication reduction" present during said 1-month trial. Here, however, it appeared that the attending provider prescribed and/or dispensed the device in question on a purchase basis without having the applicant first undergo a 1-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an interferential unit be employed on a trial basis only in those individuals in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications. Here, however, the applicant's concurrent usage of 2 first-line oral pharmaceuticals, naproxen and Neurontin, on August 10, 2015, effectively obviated the need for provision of the interferential stimulator at issue, either on a trial or purchase basis. Therefore, the request was not medically necessary.

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Similarly, the request for a lumbosacral orthosis (LSO) brace (AKA a lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, August 10, 2015, following an industrial injury of April 29, 2005. Introduction, selection, and/or ongoing usage of the lumbar support were not indicated as of this late stage in the course of the claim, per the MTUS Guidelines in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.