

Case Number:	CM15-0046769		
Date Assigned:	03/19/2015	Date of Injury:	12/03/2013
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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:

This 23-year-old male sustained an industrial injury on 12/3/13. He subsequently reported neck, back, left knee and bilateral ankle and foot pain. Diagnostic testing has included an MRI. Diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Treatments to date have included prescription pain medications. The injured worker continues to experience ongoing low back pain with radiation to the lower extremity. A request for Interferential unit quantity: 1.00 and Lumbar traction unit quantity: 1.00 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-121.

Decision rationale: The patient presents on 12/02/14 with lower back pain, which radiates into the left lower extremity rated 6/10 and associated numbness and tingling into the toes. The patient's date of injury is 12/03/13. Patient has no documented surgical history directed at this complaint. The request is for interferential unit quantity 1.00. The RFA was not provided. Physical examination dated 12/02/14 reveals diffuse tenderness over the lumbar paravertebral muscles, facet tenderness noted at L3 through L5 levels. Treater also notes positive Patrick's, Yeoman's, Kemp's, Farfan's and Sacroiliac thrust tests to the left side. Treater also notes positive supine straight leg raise test on the left at 60 degrees. The patient is currently prescribed Effexor, Propranolol, Baclofen, Tramadol, Naproxen, and Omeprazole. Diagnostic imaging included lumbar MRI dated 04/03/14, with no significant findings. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, TENS, pg114-121, for Interferential Current Stimulation patient selection criteria includes: 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 (e.g., repositioning, heat/ice, etc.). Per progress report dated 12/02/14, treater has not provided documentation of ICS unit necessity to satisfy MTUS guidelines. No discussion is made in regard to failure of more conservative measures such as physical therapy, home based exercises, medications; no history of substance abuse, etc. Additionally, given that the request is for an IF unit without a specific request for one-month trial, necessity cannot be substantiated. Therefore, the requested interferential unit is not medically necessary.

Lumbar traction unit quantity: 1.00: 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: The patient presents on 12/02/14 with lower back pain, which radiates into the left lower extremity rated 6/10 and associated numbness and tingling into the toes. The patient's date of injury is 12/03/13. Patient has no documented surgical history directed at this complaint. The request is for Lumbar traction unit quantity 1.00. The RFA was not provided. Physical examination dated 12/02/14 reveals diffuse tenderness over the lumbar paravertebral muscles, facet tenderness noted at L3 through L5 levels. Treater also notes positive Patrick's, Yeoman's, Kemp's, Farfan's and Sacroiliac thrust tests to the left side. Treater also notes positive supine straight leg raise test on the left at 60 degrees. The patient is currently prescribed Effexor, Propranolol, Baclofen, Tramadol, Naproxen, and Omeprazole. Diagnostic imaging included lumbar MRI dated 04/03/14, with no significant findings. Patient's current work status is not provided. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 300, under Physical Methods states: Traction has not been proved 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. The physician has requested a lumbar traction system but has not provided a clear description of the

traction device. MTUS/ACOEM guidelines state lumbar traction is not recommended, and states lumbar traction has not been proved effective for lasting relief in treating low back pain. The request is not medically necessary.