

<b>Case Number:</b>	CM15-0050622		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Family Practice

### 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 an 83-year-old female, who sustained an industrial injury on August 23, 2002. She reported abdominal, neck, and low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included medications, urine drug screening, lumbar surgery, cervical spine surgery, and left shoulder surgery. On February 11, 2015, she was seen for worsening abdominal pain, and residual neck and low back pain. The treatment plan included refill of Norco, follow-up visits, replacement corset, and interferential unit. The request is for lumbar corset, and interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar corset (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, lumbar supports.

**Decision rationale:** This 83-year-old patient was injured on the job in 2002. The patient underwent lumbar disc surgery and has "failed back" syndrome. This patient receives treatment for chronic low back pain. According to the guidelines, Lumbar support braces may be medically indicated for the treatment of an acute lumbar spine compression fracture or spondylolisthesis. This patient has neither of these. Lumbar supports lead to muscle weakness and loss of ROM of the back. In an 83-year-old post-menopausal female, it could cause an increase in osteoporosis. Lumbar supports are not recommended in the clinical setting this patient has, namely, chronic low back pain after the menopause. A lumbar corset is not medically indicated. Therefore, this request is not medically necessary.

**Interferential unit (IF) to lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 83-year-old patient was injured on the job in 2002. The patient underwent lumbar disc surgery and has "failed back" syndrome. This patient receives treatment for chronic low back pain. This review addresses a request for an ICS device. According to the guidelines, an ICS device is not medically recommended when used alone, as a primary mode of treatment. Well designed, prospective trials fail to show meaningful benefits beyond that of a placebo. In addition, there are many modes of applying this technique and no standardized methods exist. Under the treatment guidelines, there are strict criteria that must be documented. This includes a one-month trial, which demonstrates effectiveness in increasing functioning and in decreasing demand for analgesia. The documentation provided does not provide this clinical data. An ICS unit is not medically indicated. Therefore, this request is not medically necessary.