

Case Number:	CM14-0165414		
Date Assigned:	10/10/2014	Date of Injury:	03/12/2003
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 76-year-old male with a 3/12/03 date of injury. At the time (9/10/14) of the Decision for Multi-stim unit, lumbar exercise and five (5) month rental of lumbar traction, there is documentation of subjective (low back and bilateral hip pain) and objective (tenderness and muscle spasm over lumbar paravertebral region) findings, current diagnoses (failed back syndrome, lumbar radiculitis, and lumbosacral musculoligamentous injury), and treatment to date (epidural injection, physical therapy, home exercise, acupuncture therapy, TENS unit, home H wave, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Stim Unit, Lumbar Exercise and 5 Month Rental of Lumbar Traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) and Interferential Current Stimulation (ICS).

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (tens) units, have no scientifically proven efficacy in treating acute low back symptoms. MTUS chronic pain medical treatment guidelines identifies that interferential current stimulation (ICS), microcurrent electrical stimulation (MENS devices), and neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for Multi-Stim Unit, Lumbar Exercise and 5 Month Rental of Lumbar Traction is not medically necessary.