

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0095402 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 05/02/2011 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 06/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 38-year-old female was reportedly injured on May 2, 2011. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of low back pain, fluctuating from 6/10 to 8/10 on the pain scale, with right buttock and leg pains intermittently. The physical examination demonstrated the patient was status post lumbar laminectomy and discectomy at L5-S1, with positive straight leg raise test on the right, normal muscle strength to the right lower extremity, and diminished sensation in the right S1 dermatome. Diagnostic imaging studies included an MRI of the lumbar spine from March 2014, which showed findings consistent with right laminectomy and discectomy at L5-S1, slight retrolisthesis and minimal annular bulging at L2-L3, as well as minimal caudal right protrusion without neural compression. Also, it showed mild bilateral facet arthropathy and small bilateral facet effusions at L4-L5. Previous treatment included chiropractic therapy and back surgery. A request had been made for a LSO back brace (purchase) and a MEDS-4 interferential unit with harmet (purchase) and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Sacral Orthosis (LSO) Back Brace (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter (updated 05/12/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension via plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.

**MEDS-4 interferential Unit with Garment (Purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

**Decision rationale:** The California MTUS Guidelines do not support interferential therapy as an isolated intervention. The Guidelines will support a one-month trial in conjunction with physical therapy, and exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records fails to document any of the criteria required for an IF unit one-month trial. As such, this request for the use of an inferential unit is not medically necessary.