

Case Number:	CM14-0212350		
Date Assigned:	01/02/2015	Date of Injury:	02/13/2014
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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:

The patient is a 65 year old female with an injury date of 02/13/14. The most recent treatment report provided dated 04/18/14 is handwritten and partially illegible and states that the patient presents with frequent severe lumbar spine pain with spasms. The patient is temporarily totally disabled until 05/08/14. Examination shows tenderness to paravertebral muscles of the lumbar and thoracic spine with positive Straight leg raise and Kemp's bilaterally. The patient's diagnoses include: 1. Thoracic strain/sprain with spondylosis per MRI 01/09/14. 2. Lumbar spine strain/sprain. 3."Illegible." The treater is requesting for chiropractic care. No medications are listed. The utilization review is dated 12/09/14. Reports were provided for review from 02/20/14 to 12/12/14 (QME).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation (ICS).

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

Decision rationale: The patient presents with frequent lumbar spine pain with spasms. The current request is for Inferential Unit, 30 day trial. The RFA is not included. The 12/09/14 utilization review states the date of the RFA is 11/04/14; however, it appears from the reports provided the request is from the 02/20/14 Doctor's first report by [REDACTED]. If the utilization review is correct regarding the date of the request, the most recent treatment provided for independent review is the 04/18/14 report by [REDACTED]. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The 02/20/14 report states, "Request authorization for home ortho stimulation/interferential unit for more consistent self-guided treatment of flare-ups, reduce the need for ongoing office-based therapy, reduce the need for prescription medication and reduce work restriction." In this case, this patient has a long treatment history with medical records provided from as early as 1999 and an injury date stated as 02/13/14. However, no recent treatment reports are provided. Based on the information provided as of 02/20/14 to 04/18/14; there is no evidence that pain is not controlled due to diminished effectiveness of medications, history of substance abuse or postoperative conditions. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.

Traction Unit 30-day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Inversion Table/Traction.

Decision rationale: The patient presents with frequent lumbar spine pain with spasms. The current request is for Traction Unit 30-day trial The RFA is not included. The 12/09/14 utilization review states the date of the RFA is 11/04/14. ACOEM page 300 states the following regarding lumbar traction: "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." However, ODG, Low Back Chapter, Home Inversion Table/Traction, states, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of

low back pain." The most recent treatment report provided is dated 04/18/14. Most treatment reports are handwritten and partially illegible. The treating physician does not discuss this request in the reports provided. The patient presents with complaints in the lumbar spine; however, there are no recent reports provided for review to explain this request and show that this is an adjunct of a program of conservative care to achieve functional restoration. The MTUS page 8 states the physician is required to monitor the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.