

Case Number:	CM15-0006405		
Date Assigned:	01/22/2015	Date of Injury:	07/03/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a 48 year old male with an industrial injury dated 07/03/2013. The mechanism of injury was documented as lifting heavy boxes causing back pain. Prior treatment includes physical therapy and epidural steroid injections. On 10/08/2014 he was post minimally invasive right lumbar 3-4 foraminal discectomy and a right lumbar 4-5 hemilaminectomy on 08/21/2014. He continued to have some mild surgical low back discomfort. The incision was healed and he had 5/5 knee extension, knee flexion, foot dorsiflexion and plantar flexion. Diagnosis was lumbar radiculopathy. On 01/06/2015 Utilization Review non - certified the request for LSO noting the medical necessity of the requested LSO back brace is not established. ACOEM and ODG were cited. The request for interferential unit with garment was also non-certified noting it is not recommended as an isolated intervention. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit w/garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-16.

Decision rationale: The basic principle of Interferential Therapy (IFT) is to utilise the significant physiological effects of low frequency (<250pps) electrical stimulation of nerves without the associated painful and somewhat unpleasant side effects sometimes associated with low frequency stimulation. According to CA MTUS, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as Hwave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Off the guidelines outlined in the CA MTUS the following have not been documented in the provided clinical documents: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short-and long-term goals of treatment with the TENS unit should be submitted" Additionally MTUS states that a form fitting unit is "only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system,". Consequently the requested device is not supported by the cited guidelines

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the cited guidelines LSO back brace has not been shown to have any lasting benefit beyond the acute phase of symptom relief and may be considered in the immediate post-operative phase. The injured worker has chronic pain and is now more than 6 months post-operatively. Considering that the patient is not in the acute phase of pain and is not acutely post operative, there is limited proven efficacy to support that this intervention is beneficial.

