

<b>Case Number:</b>	CM15-0019794		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female who reported an injury on 09/19/2014. The mechanism of injury was not provided. The documentation of 12/05/2014 revealed the injured worker was to be seen by the chiropractor twice a week for 3 weeks to determine the response for treatment. The chief complaint included low back pain and right hip pain. The mechanism of injury was a lifting accident. The injured worker was making a bed, lifted the bed, and injured her low back. The examination revealed restricted range of motion of the lumbar spine with tenderness to palpation and slight edema from T1-L5 bilaterally, more on the right. The muscles were taut and stiff. The torque rotation with squat thrust was positive bilaterally. There was muscle tightness from T10-12 through L1-5. The injured worker was noted to struggle with all ranges of motion. The injured worker had a positive Trendelenburg's, Kemp's, Valsalva, straight leg raise, iliac compression test, and Yeoman's test bilaterally. Additionally, the injured worker had a positive double straight leg raise at 30 degrees on the right, Patrick Faber's test, and bilateral leg lowering on the right. The injured worker had a positive Ely's test on the right. The prior surgeries were stated to be none. The medications were not provided. The diagnosis included lumbar radiculitis into the right hip and right hip strain. The requested treatment was chiropractic care 6 to 8 visits. The documentation of 12/09/2014 revealed that the injured worker had a chronic condition, which required interferential therapy on a daily basis. Additionally, it indicated the injured worker should utilize an LSO back brace with the garment. The injured worker should have physical therapy. The treatment plan included daily use times two at 8 to 12

minutes per use and while driving distances over 25 miles. The amended report dated 12/09/2014 revealed the injured worker would benefit from the use of a Meds4 interferential home unit with a garment to be used on a daily basis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Conductive Garment (purchase): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Electrodes each month: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbo Sacral Orthosis Back Brace: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of documentation indicating the injured worker had spinal instability. There was a lack of documentation of exceptional factors. Given the above, the request is not medically necessary.

**Meds4 IF Unit with Garment (twice a day for 8-12 minutes, rental): 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 TENS, NMES, Interferential Current Stimulation, Galvanic Stimulation Page(s): 114-116, 121, 118, 117.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Galvanic Stimulation is not recommended. There was a lack of documentation indicating the injured worker had tried other appropriate pain modalities, including medications. The rental period was not specified per the request. There was a lack of documentation indicating the body part to be treated. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request is not medically necessary.