

<b>Case Number:</b>	CM15-0074086		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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 35 year old female patient who sustained an industrial injury on 08/14/2002. A primary treating office visit dated 04/20/2009 reported the patient being off from work for two years involved in multiple injuries to include: lumbar spine injury on 08/14/2002; a motor vehicle accident of 05/11/2004, and a compensable consequence of injury on 08/14/2002 for which the patient did undergo physical therapy treatment. Diagnostic testing to include: radiography, magnetic resonance imaging, nerve conduction study. She has undergone chiropractic and physical therapy treatment. She is with current complaint of worsening symptoms in her calf after having a baby. She is with persistent back and hip pain and reports that due to pregnancy no much was done to help pain. The patient reports that walking is difficult to perform. She is diagnosed with L5-S1 disk degenerative, with left sciatica, slightly worse; femoral impingement left hip, bipartite patella with industrial aggravation, and chondromalacia patella unchanged. A primary treating office visit dated 12/15/2014 reported the patient with chief complaint of stiffness, soreness, weakness, neck pain, and severe pain down the left leg. The patient is with chronic back pain. She is treated under the following diagnoses: patellar tendinitis; degeneration of lumbar or lumbosacral intervertebral disc, and therapeutic drug monitoring. The patient is pending delivery of a baby and with no acute changes in medical condition. She is not permanent and stationary and will continue temporary totally disabled and return for follow up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Traction unit (cervical spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The requested Traction unit (cervical spine), is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 181, does not recommend cervical traction. The injured worker has neck and back pain with radiation to the left leg. The treating physician has not documented subjective or objective findings indicative of cervical radiculopathy, nor objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, Traction unit (cervical spine) is not medically necessary.

**LSO back brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested LSO back brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has neck and back pain with radiation to the left leg. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, LSO back brace is not medically necessary.

**TENS unit with electrodes (indefinite use):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested TENS unit with electrodes (indefinite use), is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has neck and back pain with radiation to the left leg. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit with electrodes (indefinite use) is not medically necessary.