MAXIMUS Federal Services

Case Number:	CM14-0140419		
Date Assigned:	09/10/2014	Date of Injury:	01/17/2011
Decision Date:	10/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 50-year-old male with a date of injury of 1/17/2011. As a result of the injury, the patient developed chronic low back pain with radiation into his buttock and down into his left leg. The patient underwent a L4-L5 microdiscectomy on 11/14/2012 but it did not help his pain. A progress report note dated 7/29/2014 states the patient is relatively unchanged. He still complains of low back pain which radiates to his left leg. Physical therapy was helpful, especially traction. The patient uses a Stim unit at home with back stretches. Sitting is limited to 1 hour at a time. Meds include Norco, Tramadol, and Robaxin. A request is made for a home traction unit for the lumbar spine and for replacement Stim unit for pain since the current one is not working well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction unit for lumbar spine: Upheld

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

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

Decision rationale: The ACOEM guidelines state that 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. Therefore, the medical necessity for using a home traction has not been established.

Replacement Art meds-4 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This device appears to be a combination of a neuromuscular electrical stimulator with interferential current stimulation. According to the chronic pain guidelines, neuromuscular electrical stimulation is not recommended for chronic pain. It is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and there is limited evidence of improvement on those recommended treatments alone. The evidence does not support the use of this device for treating chronic low back pain. Therefore the medical necessity of this device has not been established.