

<b>Case Number:</b>	CM14-0143620		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 44-year-old patient sustained a cumulative trauma injury to his low back on 6/19/14 from performing his customary job tasks lifting a dolly while employed by [REDACTED] Inc. Request(s) under consideration include Interferential stimulator purchase with electrodes, batteries, set up and delivery and Bilateral Foot/Ankle Brace Purchase. Diagnoses include cervical spine sprain/strain; bilateral shoulder sprain/strain; lumbar spine sprain/strain; right hip sprain/strain; right ankle sprain/strain; and post-traumatic anxiety. Report of 6/26/14 from a provider noted patient with low back pain radiating to right lower extremity without any complaints of numbness or tingling in lower extremities. Exam showed normal gait, full weight bearing on lower extremities, no weakness, spasms at thoracolumbar spine and paravertebral muscles; positive SLR on right; negative EHL, restricted lumbar range with intact sensation. X-rays showed DDD at L5-S1. Treatment included chiropractic care; Toradol IM injection; medications of Cyclobenzaprine, Polar frost; Tramadol/APAP; lumbar support; hot/cold flex pack; Thermophore electric moist heating pad. Report of 7/17/14 from the provider noted patient with neck, back, right hip, and right leg pain with anxiety, tension, insomnia, digestive problems. Exam showed cervical spine with tenderness, muscle spasm at paraspinals, limited range; bilateral shoulders with tenderness and spasm over trap/ supraspinatus/ infraspinatus/ bicipital groove; restricted painful range; lumbar with restricted range; tenderness at ankle, foot, right hip, and sciatic notch. The request(s) for Interferential stimulator purchase with electrodes, batteries, set up and delivery and Bilateral Foot/Ankle Brace Purchase were non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential stimulator purchase with electrodes, batteries, set up and delivery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current stimulation (ICS) Page(s): 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 115-118.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interferential stimulator purchase with electrodes, batteries, set up and delivery is not medically necessary.

**Bilateral Foot/Ankle Brace Purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthosis, page 7

**Decision rationale:** Per ODG, ankle/ foot bracing for immobilization is not recommended in the absence of clearly defined unstable joint not demonstrated here. Immobilization and bracing may be appropriate for diagnoses of unstable joint, post-surgical Achilles tendon repair, and ankle fractures not seen here. For the treatment of mild to moderate ankle sprains, systemic review of studies indicate functional treatment options such as elastic bandaging, taping with associated coordination training were statistically better than immobilization with bracing. Submitted reports have not demonstrated the indication, remarkable clinical findings, or defined diagnoses for this bracing. The Bilateral Foot/Ankle Brace Purchase is not medically necessary.