

Case Number:	CM13-0003601		
Date Assigned:	03/21/2014	Date of Injury:	09/11/2012
Decision Date:	04/29/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/26/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38-year-old female with date of injury of 09/11/2012. Per physician report 07/16/2013, the listed diagnostic impressions are low back and right leg pain, right lower extremity paresthesia and weakness, lumbar disk bulging, lumbar facet pain, sacroiliac joint pain, myofascial pain, chronic pain syndrome. Recommendation was for TENS unit, a 30-day in-home trial to see if this could reduce inflammation and spasm as well as lumbar support for her to use when she is going to be standing and walking for prolonged period of time. The patient also has hard time driving because of pain and the lumbar brace can be helpful. This report references an MRI of the lumbar spine from 01/31/2013 that showed bulging disks at L4-L5, L5-S1, facet hypertrophies with ligamentary hypertrophy at L4-L5, bilateral neuroforaminal narrowing at these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: This patient presents with chronic persistent low back pain with radiating symptoms into lower extremities, myofascial pain as well. The treating physician has asked for a TENS unit for home use. MTUS Guidelines supports electrotherapy in the treatment of pain. It does recommend a 1-month rental before a home unit is provided. For home unit, documentation of pain reduction and functional improvement must be provided. Given this patient's chronic pain, the guidelines support authorization of 1-month rental of TENS unit with supplies.

LUMBAR BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 Chapter.

Decision rationale: ACOEM Guidelines page 301 states that lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Page 9 of ACOEM Guidelines also states the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. ODG Guidelines also state that it is not recommended for prevention and for treatment. It is an option for fracture, spondylolisthesis, documented instability, and for nonspecific low back pain but very low quality evidence was present for nonspecific low back pain. Given the lack of ACOEM and ODG Guidelines support for use of lumbar bracing, recommendation is for denial. This patient does not present with any of the diagnoses listed on ODG Guidelines for use of lumbar bracing.