

Case Number:	CM13-0014329		
Date Assigned:	10/04/2013	Date of Injury:	01/26/2011
Decision Date:	01/14/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice 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 physician 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.

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 underlying date of injury in this case is 01/26/2011. The primary diagnoses includes discogenic lumbar pain and a right ankle sprain. A physician review notes that this patient is a 32-year-old man with ongoing lumbar pain. That review notes an MRI of the lumbar spine on 03/18/2011 demonstrated multilevel hypertrophic facet changes with no evidence of lumbar disc bulge or herniation. That review noted that an Agreed Medical Examiner re-evaluation of 04/18/2013 noted that the patient had been diagnosed with lumbar spondylosis and right lower extremity radiculitis, and there was a recommendation to move away from opioid treatment. That review concluded that the current treatment under review was not medically necessary. The treating physician notes indicate that a TENS unit has been requested in conjunction with medications to help decrease narcotic medications and the patient could use this at home with flare-ups. On 08/20/2013, the treating provider requested an appeal regarding a TENS unit, noting the patient had back pain at 7-8/10 and right ankle pain and low back pain at 6-7/10. That appeal opines that a TENS unit with hot and cold wrap will help with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation. Page(s): 114-115.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that transcutaneous electrical nerve stimulation is "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" for neuropathic pain. It is unclear from the medical records whether this request is for rental or, more likely, purchase. Given the patient's diagnosis of radiculitis and the proposed plan to use TENS as part of a functional restoration program, a new submission requesting a 30-day home TENS trial may be appropriate. However, a TENS unit purchase would not be appropriate at an initial 30-day home trial. The request for purchase of TENS unit is not medically necessary and appropriate.

purchase of a hot/cold wrap: 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, Cold/Heat Packs. .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale:

purchase of a back brace: Upheld

Claims Administrator 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, Back Braces/Lumbar Supports..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines.

Decision rationale: The ACOEM guidelines, indicate, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The treatment guidelines therefore do not support a probable benefit from this treatment. The medical records do not provide an alternate rationale for this request. The request for purchase of a back brace is not medically necessary and appropriate.