MAXIMUS Federal Services

Case Number:	CM13-0038372		
Date Assigned:	12/18/2013	Date of Injury:	11/12/2012
Decision Date:	02/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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. 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:

The patient is a 46-year-old male who reported injury on 11/12/2012. The mechanism of injury was not provided. The patient was noted to have back and right leg pain. The patient was noted to have decreased range of motion on flexion and extension and lateral rotation. The patient's diagnosis was noted to be lumbar sprain and strain. The request was made for a TENS unit purchase with 1 year of supplies and an LSO lumbar brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME -TENS Unit purchase with one year supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

Decision rationale: California MTUS recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the patient completed an in-office trial, which the

patient found beneficial, and the purchase was noted to be required. However, there was a lack of documentation indicating the patient had at least 3 months of pain and evidence that other appropriate pain modalities had been tried, including medication, and had failed. Additionally, there is a lack of documentation indicating the necessity for purchase as there was a lack of a documented 1 month trial of a TENS unit as an adjunct program to an evidence based functional restoration program for chronic neuropathic pain. Given the above, the request for DME -TENS Unit purchase with One Year Supplies is not medically necessary.

DME LSO Lumbar Brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: ACOEM Guidelines indicate that a corset is optional for the prevention of low back pain in an occupational setting. The clinical documentation submitted for review failed to provide documentation of the rationale for the requested service. The documentation failed to indicate the patient needed the brace for support at work. Additionally, prolonged use of lumbar supports can lead to overall deconditioning. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for DME LSO Lumbar Brace purchase is not medically necessary.