

<b>Case Number:</b>	CM13-0057660		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 45-year-old male who reported injury on 11/22/2011. The mechanism of injury was the injured worker had to move a panel that was approximately 10 feet by 8 feet and weighed approximately 400 pounds. The injured worker was holding it in place to prevent it from slipping and falling on one of the other coworker. The panel began to slip and in an effort to keep it in place the injured worker used more force. The injured worker heard a pop in his low back. The documentation of 07/02/2013 revealed the injured worker had tenderness to palpation of the lumbar spine. The straight leg raise was positive on the right. The injured worker had decreased range of motion of the bilateral knees. The medial stress and lateral stress test was positive on the right knee. The sensory examination revealed diminished sensation to light touch in the L5-S1 nerve root distributions of the right lower extremity. The diagnoses included lumbar radiculopathy, lumbar strain/sprain and bilateral knee sprain/strain. The treatment recommendations included a lumbar spine and bilateral knee meds 3 unit plus conductive garments, a hot and cold unit for the lumbar spine and right knee, and Omeprazole 20 mg, an XXL lumbosacral orthosis to restore function and prevent injury, a noncontrast MRI of the lumbar spine and right knee and topical compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive garments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation and Neuromuscular Electrical Stimulation.

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

**Decision rationale:** California MTUS Guidelines indicate that form fitting TENS devices are considered medical necessary when there is documentation there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the patient has medical conditions that prevent the use of a traditional system or the TENS unit is to be used under a cast. The clinical documentation submitted for review failed to indicate if the TENS unit had been approved. There was a lack of documentation indicating the injured worker had such a large area that required stimulation that a conventional system could not accommodate the treatment or the injured worker had a medical condition that prevented the use of a traditional system. The request as submitted failed to indicate the quantity of conductive garments as well as the body part the conductive garments were for. There was a lack of documentation indicating the duration of care being requested. Given the above, the request for conductive garments is not medically necessary.

**Hot/cold unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** ACOEM Guidelines indicate that at home applications of cold in the first few days of an acute complaint are appropriate, thereafter, applications of heat or cold. There was lack of documentation indicating a necessity for a hot/cold unit versus hot packs and cold packs. The request as submitted failed to indicate the duration of care being requested and if the request was for purchase or for rental. Given the above, the request for a hot/cold unit is not medically necessary.

**XXL lumbar sacral orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Support.

**Decision rationale:** ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the request was made to help restore function and stabilize the joints and to improve ADLs and to prevent further issues. As it was indicated the request included prevention, secondary guidelines were sought. Official Disability Guidelines do not recommend lumbar supports for prevention as there is strong inconsistent evidence that lumbar supports were not effective in preventing neck and back pain. Given the above, the request for XXL sacral orthosis is not medically necessary.