

Case Number:	CM13-0061609		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2000
Decision Date:	03/25/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, 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:

This is a 58-year-old Male. Date of injury 9/20/2000. Exam on 10/16/13 demonstrates chief complaint of low back and bilateral leg pain with slight twinge of pain in left shoulder. Active flexion of the trunk allows for 50 degrees of flexion, extension is 10 degrees, rotation to the left and right is 10 degrees. Lateral flexion is 10 degree to the left and 20 to the right. Paralumbar tenderness right greater than left from L1 to L5-S1 with lower thoracic and lumbar spasm present. Right greater than left sacroiliac tenderness. Diagnosis of chronic lumbar back pain with disc bulges at L3-4 with L5-S1 foraminal stenosis and left L5 radiculitis secondary to L5 lumbosacral spondylosis and foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the CA MTUS ACOEM guidelines "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." As the patient has

chronic low back condition with an industrial injury since 2000, the determination is for non certification as not medically necessary.

Purchase of TENS Unit: Upheld

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

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

Decision rationale: According to the California MTUS regarding TENS, chronic pain (transcutaneous electrical nerve stimulation), "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 the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS (Complex regional pain syndrome) II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). The criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. Therefore the determination is for non-certification.