

<b>Case Number:</b>	CM14-0001574		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management, 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 male patient with a date of injury of 6/23/13. A utilization review determination dated 12/20/13 recommends non-certification of a Pro Tech multi stim unit purchase plus 3 months of supplies and a Kronos lumbar pneumatic brace. The Pro Tech unit is noted to consist of "M-STIM, TENS, EMS/NMS." A progress report dated 11/7/13 identifies subjective complaints including low back pain. Objective examination findings identify L4-5 and L5-S1 spinous process tenderness and swelling with paraspinal myospasms and positive Kemp's test for right L4-S1 pain. Diagnoses include lumbar disc syndrome; lumbar segmental dysfunction; sacroilitis; myospasms/myofasciitis. Treatment plan recommends manipulation, myofascial release, EMS, ultrasound, interferential, traction, kinetic activity, home TENS unit, Pro-Tech multi stim unit for 30-day trial, a Kronos lumbar pneumatic back brace, and pain management evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos lumbar pneumatic brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Regarding the request for Kronos lumbar pneumatic brace, the MTUS Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, there is no documentation of a clear rationale for the use of a lumbar brace beyond the acute stage of injury, such as a recent lumbar surgery, compression fracture, spinal instability, etc. In light of the above issues, the currently requested Kronos lumbar pneumatic brace is not medically necessary.

**Pro Tech multi stim unit purchase plus 3 months of supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for Pro Tech multi stim unit purchase plus 3 months of supplies, the device is noted to include TENS and muscle stimulation. The MTUS Guidelines support the purchase of TENS units only after a 1-month trial with documentation including how often the unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. With regard to the muscle stimulation component of the device, the MTUS Guidelines support it only as part of a rehabilitation program following stroke and notes that there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no documentation of a successful TENS trial as outlined above and no clear rationale for the use of the muscle stimulation component of the device. In light of the above issues, the currently requested Pro Tech multi stim unit purchase plus 3 months of supplies is not medically necessary.