

Case Number:	CM14-0101209		
Date Assigned:	07/30/2014	Date of Injury:	04/08/2010
Decision Date:	09/18/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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 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 claimant was injured on 04/08/11. A TENS unit-X Force stimulator with 3 month supplies and a conductive garment, a Pro Wrist support, and a Kronos lumbar pneumatic brace are under review. He had an AME on 03/26/12. He was complaining of neck pain, bilateral shoulder pain, right hand and wrist pain, lumbar pain with sciatica, and bilateral knee and ankle pain. An MRI showed a rotator cuff tear in the left shoulder. He also sustained a dislocation of his knee in May 2005. He had an MRI and surgery to the right knee in 2007. He attended post-operative physical therapy. His right hand and wrist pain were due to continuous trauma. He hurt his low back working on roofs. He had ongoing discomfort in all body parts. He has had extensive treatment. Physical examination revealed that he was well-nourished and well-developed. He had tenderness about the neck and back with decreased cervical range of motion. There was tenderness and impingement about the shoulders. He had mildly decreased range of motion and mild weakness. There was tenderness of his hand. Neurologic examination was generally intact. There was tenderness of the low back with mildly decreased range of motion. He is status post arthroscopic surgery of the right knee. He had tenderness of the knee and ankles. He complained of bilateral knee pain on 11/25/13 when he saw [REDACTED] and he has diagnoses of cervical spine herniated disc, lumbar disc syndrome, status post right knee replacement in November 2012 and left knee osteoarthritis and DJD. He also had anxiety. Left knee arthroscopic surgery was recommended. He has multiple other medical problems. He saw [REDACTED] on 12/16/13. He was having a heart workup. On 01/07/14, he saw [REDACTED] and had right knee pain at level 8/10 and left knee pain at level 2/10. He was using topical medications. Topical creams were ordered. On 03/04/14, he reported neck pain and left shoulder pain to [REDACTED]. He had a positive Spurling's test and foraminal compression test on the left side. Lidoderm patches, Flexeril, and urine toxicology screen were ordered. An MRI of the left knee on March 8, 2014

showed a tear of the anterior horn of the lateral meniscus and a linear fissure of the patellar articular cartilage. There were some irregularities and fissures of the medial femoral condyle articular cartilage. As of 04/01/14, he was doing a home exercise program. He was still having symptoms in the left shoulder. A neurosurgical spine consultation was recommended by [REDACTED]. On 05/21/14, the above requests were made. The claimant underwent left knee arthroscopic surgery with medial and lateral meniscectomy, chondroplasty, and synovectomy on 05/23/14. On 06/03/14, he saw [REDACTED]. He had low back pain at level 6/10. He had tenderness of the low back with pain at terminal ranges. The left knee wound was intact and dry. A neurosurgical spine consultation again was ordered. He was prescribed medications including Prilosec, Relafen, Tramadol ER, and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit- X Force Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain Page(s): 146.

Decision rationale: The history and documentation do not objectively support the request for a TENS unit at this time. The MTUS state regarding TENS for 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS 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). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)"In this case, none of the above conditions appear to be present. The claimant has been prescribed multiple medications, including oral and topical medications but his trials of medication use, local care such as ice and heat, and the results of exercise are not described. There is no

evidence that the claimant has completed or attempted and failed all other reasonable conservative care for his chronic complaints. He also has multiple painful complaints and it is not clear what body part is to be treated with this type of device. The medical necessity of this request has not been clearly demonstrated.

3 Months Supplies for TENS Unit and Conductive Garments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain Page(s): 146.

Decision rationale: The history and documentation do not objectively support the request for TENS unit supplies for 3 months and a conductive garment. The MTUS state regarding TENS for 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS 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). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)"In this case, none of the above conditions appear to be present. The claimant has been prescribed multiple medications, including oral and topical medications but his trials of medication use, local care such as ice and heat, and the results of exercise are not described. There is no evidence that the claimant has completed or attempted and failed all other reasonable conservative care for his chronic complaints. He also has multiple painful complaints and it is not clear what body part is to be treated with this type of device. The medical necessity of this request for a TENS unit with supplies and a conductive garment (for an unknown body part) has not been clearly demonstrated.

1 Pro Wrist Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chapter 11, Forearm, Wrist, and Hand, immobilization.

Decision rationale: The history and documentation do not objectively support the request for a Pro Wrist support. The MTUS state that immobilization may be recommended for various disorders including sprains, tendonitis, and carpal tunnel syndrome. The Official Disability Guidelines state immobilization may be "recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome." In this case, the indication for a wrist support for a chronic condition involving the wrist, the nature of which is unclear, has not been described and none can be ascertained from the records. The medical necessity of has not been clearly demonstrated.

1 Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, lumbar support.

Decision rationale: The history and documentation do not objectively support the request for a lumbar spine Kronos pneumatic brace. The Official Disability Guidelines state lumbar supports are "not recommended for prevention. Recommended as an option for treatment: Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post-operative (fusion). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim,

2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011)"In this case, the claimant has chronic pain but there is no evidence of instability or recent or pending surgery on his lumbar spine. The anticipated benefit to the claimant of this type of low back support is not clearly described and none can be ascertained from the records. The medical necessity of this request for a Kronos pneumatic brace has not been clearly demonstrated.