

<b>Case Number:</b>	CM14-0102599		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation, has and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old male was reportedly injured on October 23, 2012. The mechanism of injury was running into a piece of furniture. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of left leg pain with numbness, tingling, and cramping. The physical examination demonstrated weakness of the musculature throughout the left lower extremity. There was decreased sensation at the lateral aspect of the left leg and foot. There was also a positive left side straight leg raise test. Crepitus was noted with flexion and extension of the left knee. Diagnostic nerve conduction studies indicated a left peroneal neuropathy. A subsequent nerve conduction study indicated an L5-S1 radiculopathy. Previous treatment included physical therapy, acupuncture, aquatic therapy, the use of a walking boot, and oral medications. A request had been made for a lumbar spine support and the use of a TENS unit and was not certified in the pre-authorization process on June 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Support and TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Lumbar Support, Updated August 22, 2014

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of a TENS unit includes documentation that other appropriate pain modalities including medications have been tried and failed. Additionally, there should be a one-month trial of a TENS unit documenting the outcome in terms of pain relief and function. The attached medical record does not indicate that these criteria have been met. Regarding a lumbar support, the Official Disability Guidelines do not recommend a lumbar support for prevention of low back pain. It is only recommended as an option for treatment for spondylolisthesis, documented instability, and compression fractures. The injured employee does not have any of these lumbar spine conditions. Considering this, the request for a lumbar support and the use of a TENS unit is not medically necessary.