

Case Number:	CM14-0107669		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2004
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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:

This is a 68-year-old male with a 3/23/04 date of injury. The mechanism of injury occurred when he was lifting something heavy at work and started to have low back pain. According to a progress report dated 5/30/14, the patient stated that he was feeling somewhat better with medications. His pain comes and goes in his back, and he stated it was moderate to severe. He continued to have numbness down the left lower extremity on the lateral aspect of the left thigh. Objective findings: positive tenderness in the paralumbar musculature, limited range of motion of lumbar spine, diminished sensation of bilateral lower extremities. Diagnostic impression: low back pain, herniated disc lumbar spine, degenerative disc disease lumbar spine, radiculitis left lower extremity. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 6/11/14 denied the requests for lumbar corset and TENS unit, 1 month trial. Regarding lumbar corset, CA MTUS/ACOEM state lumbar supports have not been shown to be effective beyond the acute phase of symptom relief. The patient's injury date was in 2004; therefore, the patient is beyond the acute phase. Regarding TENS trial, the clinical documentation submitted for review did not show evidence of failure of other appropriate pain modalities or that the patient was participating in a home exercise program or physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar corset, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for Lumbar corset, purchase was not medically necessary.

TENS unit for the lumbar spine, 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for TENS unit for the lumbar spine, 1 month trial was not medically necessary.