

Case Number:	CM14-0108444		
Date Assigned:	08/01/2014	Date of Injury:	05/13/2014
Decision Date:	11/06/2014	UR Denial Date:	06/26/2014
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 Physical Medicine & Rehabilitation 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 patient is a 44-year-old male who has submitted a claim for lumbar intervertebral disc without myelopathy associated with an industrial injury date of 5/13/2014. Medical records from 5/21/2014 up to 5/28/2014 were reviewed showing persistent intermittent, moderate sacral pain, 5-6/10 in severity. Pain has sharp and shooting radiations down the side of his right leg. Physical examination revealed paralumbar muscle guarding, muscle spasms, and restricted range of motion. MRI of the lumbar spine taken on 5/21/2014 revealed disc/endplate degeneration, small eccentric disc extrusion/bulge and mild facet hypertrophy at L4-5 and L5-S1 with loss of disc height, fatty endplate degeneration at L5-S1. Treatment to date has included Lorzone, Norco, and work restrictions. Utilization review from 6/26/2014 denied the request for back brace and TENS unit. There is a lack of evidence that a back brace would be beneficial and may even further weaken the paraspinal muscles. There is no documentation of physical therapy provided with any benefit of using a TENS unit

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

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 Supports

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complains of persistent intermittent, moderate sacral pain, 5-6/10 in severity. Pain has sharp and shooting radiations down the side of his right leg. Physical examination revealed paralumbar muscle guarding, muscle spasms, and restricted range of motion. However, the guidelines do not support back brace as it is no better than placebo in preventing back pain. There is no documentation as to why variance from the guidelines is needed. Therefore, the request for Back brace is not medically necessary.

TENS unit (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical neurostimulation (TENS). Decision based on Non-MTUS Citation ODG Pain

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

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, 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, if used as an adjunct to a program of evidence-based functional restoration. 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. In this case, the patient complains of persistent intermittent, moderate sacral pain, 5-6/10 in severity. Pain has sharp and shooting radiations down the side of his right leg. Physical examination revealed paralumbar muscle guarding, muscle spasms, and restricted range of motion. However, there was no documentation that the TENS unit will be used as an adjunct to a program of evidence based functional restoration. In addition, there was no evidence of treatment plan including the specific short and long-term goals of treatment with the TENS unit. Therefore the request for TENS unit (transcutaneous electrical nerve stimulation) is not medically necessary.