

Case Number:	CM14-0116760		
Date Assigned:	08/06/2014	Date of Injury:	04/13/2006
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 54-year-old male was reportedly injured on April 13, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 29, 2014 indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications are stated to include Norco, and nabumetone, cyclobenzaprine, gabapentin, and Prilosec. The physical examination demonstrated decreased lumbar spine range of motion with pain and a positive bilateral straight leg raise test. There was normal sensation in the lower extremities and muscle strength of 4/5 with right ankle plantar and dorsi flexion. Diagnostic imaging studies of the lumbar spine indicate mild disc bulging at L2-L3, L3-L4, and L4-L5. There was stated to be disc material contacting the bilateral L5 nerve roots. Previous treatment includes epidural steroid injections and a radiofrequency nerve ablation. A request had been made for the use of a TENS unit and a back brace and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: TENS Unit - DOS 06/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation BHHC'S PEER REVIEW.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. While there was a one-month trial of a tens unit there is no documentation regarding decreased medication usage during this time. As such, the request for continued use of a TENS unit is considered not medically necessary.

Retrospective: Aspen Back Brace - DOS 11/05/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation BHHC PEER REVIEW.

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 and Thoracic, Lumbar Support, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) there is no indication for the use of a back brace for the prevention of back pain. The use of a brace for treatment is only indicated for spondylolisthesis and documented instability. As the injured employee does not have these conditions, this request for an Aspen back brace is not medically necessary.