MAXIMUS Federal Services

Case Number:	CM14-0125710		
Date Assigned:	08/13/2014	Date of Injury:	03/14/2014
Decision Date:	09/11/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 3/14/14 date of injury. At the time (7/30/14) of the decision for lumbar brace, and TENS (Transcutaneous Electrical Nerve Stimulation) unit for home use, there is documentation of subjective (8/10 neck pain, 5/10 upper back pain, 8/10 mid-back pain, and 7/10 low back pain aggravated by prolonged sitting, standing, repetitive bending, stooping, and squatting) and objective (slightly guarded gait; tenderness in shoulders bilaterally; positive supraspinatus resistance, speed's, impingement maneuver, and Yergason's of the bilateral shoulders; moderate multilevel paraspinal tenderness bilaterally in thoracic region; slight decreased overall lumbar range of motion; and moderate multilevel paraspinal tenderness bilaterally) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, cervical radiculopathy, possible disc herniation of cervical spine, shoulder sprain/strain, lumbar radiculopathy, possible lumbar disc herniation, myalgia/myositis, spasm of muscle, and unspecified sleep disorder), and treatment to date (chiropractice treatment). Regarding lumbar brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding TENS (transcutaneous electrical nerve stimulation) unit, there is no documentation that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: The MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. The ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and possible lumbar disc herniation. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Brace is not medically necessary.

Tens (Transcutaneous Electrical Nerve Stimulation)Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, cervical radiculopathy, possible disc herniation of cervical spine, shoulder sprain/strain, lumbar radiculopathy, possible lumbar disc herniation, myalgia/myositis, spasm of muscle, and unspecified sleep disorder. In addition, there is documentation of pain of at least three months duration. However, despite documentation of conservative treatment (chiropractic treatment), there is no documentation that other appropriate pain modalities have been tried (including medication) and failed. In addition, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the

request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit for Home Use is not medically necessary.