

Case Number:	CM14-0130793		
Date Assigned:	08/20/2014	Date of Injury:	06/22/2007
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 patient sustained an injury on 6/22/07 while employed by [REDACTED]. Request(s) under consideration include LSO back brace and home TENS unit. Diagnoses include s/p failed cervical fusion with recurrent cervical radiculopathy; Lumbar disc protrusion at L4-S1/ radiculitis; s/p permanent cervical SCS system; bilateral knee degenerative joint arthritis; left hip degenerative joint disease; and left shoulder impingement syndrome. Report of 7/14/14 from the provider noted the patient with severe pain in the left shoulder, left knee rated at 8-9/10 and lumbar spine pain rated at 3-4/10. She is s/p LESI (6/12/14) with 70-80% pain relief and improved function. Exam showed TTP at C4-7; mild tenderness at L4-S1; limited cervical range; moderate tenderness at AC joint and posterior capsular region in left shoulder with limited range; 4/5 handgrip on left. Medications list Suboxone, Topamax, Protonix, Bupropion, and Tizanidine. The request(s) for LSO back brace and home TENS unit were non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Lumbar Supports.

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, Back brace, page 372.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2007. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The LSO back brace is not medically necessary and appropriate.

Home TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Transcutaneous electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The home TENS unit is not medically necessary and appropriate.