

<b>Case Number:</b>	CM14-0157579		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/01/2006
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Interventional Spine 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 41 year old male. Based on the 08/18/14 progress report provided by [REDACTED] the patient complains of pain in the lumbosacral area rated 6/10. Physical examination to the lumbar spine revealed tenderness to palpation at parafacet region L3-S1. Range of motion is decreased on all planes. Straight leg raise test was negative for sciatica radiculopathy 70-75%. Patient had 4/5 epidural steroid into the lower back in 2008 and 2014. Medications include Norco, Lisinopril and Ibuprofen. Progress report dated 08/28/14 by Lisa Cung, PA-C states that patient trialed TENS unit for 15 minutes. Patient tolerated well but noticed no changes in pain level of ROM. X-Ray of the lumbosacral spine on 09/02/14 shows mild degenerative changes. Diagnosis 08/28/14 are lumbar spine disk hernia with foraminal stenosis, L3-4, per MRI 06/11/14, lumbar spine disk bulge, L2-3 and L4-5, per MRI 06/11/14, lumbar spine facet arthropathy at L4-5 and L5-S1 per MRI 06/11/14, lumbar spine minimal retrolisthesis of L3 vertebra over L4, per MRI 06/11/14, lumbar spine radiculopathy/radiculitis, rule out, myofascial pain, and left ankle pain status post surgery. Progress report 08/28/14 states the following: The Physician requests TENS as adjunctive therapy with home exercise program to help with pain reduction. The Physician requests low back support brace for patient while he is working. The Physician requests the utilization review determination being challenged is dated 09/05/14. The rationale follows: 1 home Tens unit for low back, Lower back support 1 brace, and X-Rays lumbar 3 views flexion/extension. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/14 - 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home TENS unit for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) unit Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)MTUS(p114-116),Criteria for the.

**Decision rationale:** Patient presents with lumbosacral area pain rated 6/10. The request is for 1 home Tens unit for low back. He has been diagnosed with lumbar spine facet arthropathy at L4-5 and L5-S1 per MRI dated 06/11/14. He has been diagnosed with lumbar spine facet arthropathy at L4-5 and L5-S1 per MRI dated 06/11/14. Progress report dated 08/28/14 by [REDACTED] states that patient trialed TENS unit for 15 minutes. Patient tolerated well but noticed no changes in pain level or ROM. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Progress report 08/28/14 states that treater requests TENS as adjunctive therapy with home exercise program to help with pain reduction. Patient trialed TENS unit for 15 minutes, tolerated well but no changes in pain level or functional improvement/reduction in medication use were documented. The request does not meet guideline criteria. Recommendation is for denial.

**Lower back support/brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Patient presents with lumbosacral area pain rated 6/10. The request is for Lower back support 1 brace. He has been diagnosed with lumbar spine facet arthropathy at L4-5 and L5-S1 per MRI dated 06/11/14. ACOEM guidelines page 301 on lumbar bracing: Lumbar Supports: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Page 308, Table 12-8, "Corset for treatment"--Not recommended." Progress report 08/28/14 states that treater requests low back support brace for patient while he is working. The request is not supported by guidelines, therefore recommendation is for denial.

**X-rays lumbar 3 views flexion/extension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ACOEM ch12, low back, pg 303-305: Lumbar Spine: Specia.

**Decision rationale:** Patient presents with lumbosacral area pain rated 6/10. The request is for X-Rays lumbar 3 views flexion/extension. He has been diagnosed with lumbar spine facet arthropathy at L4-5 and L5-S1 per MRI dated 06/11/14. ACOEM ch12, low back, pg 303-305: Lumbar Spine:"Special Studies and Diagnostic and Treatment Considerations: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks."Progress report 08/28/14 states that treater requests X-ray of the lumbar spine to rule out fracture, osteoarthritis and spondylolisthesis (mechanical). Review of reports shows that patient already had an MRI of the lumbar spine on 06/11/14 and an X-Ray of the lumbosacral spine on 09/02/14. Treater has not mentioned presence of red flags or new trauma. Request does not meet guideline indications. Recommendation is for denial.