

Case Number:	CM14-0168718		
Date Assigned:	10/16/2014	Date of Injury:	01/26/2009
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 42 year old male with a date of injury of 1/26/2009. He complains of continued stiffness, spasm, and pain to the low back radiating to both lower extremities. He is known to have lumbar degenerative disease and facet arthropathy. He has not had physical therapy in 1.5 years. He has been using a TENS unit and doing home exercises. The diagnoses include lumbosacral spondylosis without myelopathy, lumbar facet arthropathy, and bilateral knee pain. He has had a left shoulder and a right knee arthroscopy. The physical exam reveals bilateral quadriceps weakness, peripatellar tenderness of and crepitus of both knees and a positive straight leg raise exam. The treating physician is requesting a consult with a spine specialist, physical therapy, a new back brace, and TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies (electrodes, batteries, lead wires) x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The use of a TENS unit may be appropriate for chronic intractable pain if the following conditions are met:- Documentation of pain of at least three months duration.- There is evidence that other appropriate pain modalities have been tried(including medication) and failed.- A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial - Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.In this instance, there is no documentation provided regarding how often the unit is used or any outcomes in terms of pain relief and functionality. There is no treatment plan submitted with short and long-term goals. Because the medical necessity for continued use of a TENS unit cannot be substantiated, TENS supplies (electrodes, batteries, lead wires) x 3 months are not medically necessary per the referenced guidelines.

Lumbar spine support brace, purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Lumbar Supports.

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: Lumbar supports are not recommended for prevention of back pain but are recommended as an option for treatment. For treatment of nonspecific low back pain, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). In this instance, the obvious intention for a lumbar support is treatment and not prevention of back pain. As the current lumbar support no longer functions, a lumbar spine support brace for purchase is medically necessary per the referenced guidelines.