

Case Number:	CM14-0168773		
Date Assigned:	10/16/2014	Date of Injury:	04/15/1997
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 53 year old female who sustained an injury on 04/15/1997. The mechanism of injury was falling down two flights of stairs and landing on her bottom. The clinical note from 08/10/14 was reviewed. Subjective complaints included pain in the back, with spasms to the buttocks radiating down the leg, cramping down the leg and stiffness to back, limited motion of the low back, dull aching pain to the low back, swelling to the low back, burning sensation, shooting pain, pinching to the thigh, constant pain to the low back all of which is worsened by lying flat, prolonged standing, prolonged sitting, bending and rotation. She also woke up frequently due to pain at night. Medications included Tramadol, Norco and Soma. Pertinent objective findings included tenderness over the paraspinal muscles and the spinous processes, tenderness to the sacroiliac joint, positive straight leg raise (SLR) 60/80 degrees on right and left and decreased range of motion. Flexion was 6 inches from floor, extension was 10 degrees, lateral bending was 15 degrees and axial rotation was 10 degrees. Muscle strength in back was 4/5. Diagnoses included lumbago with sciatica. Request was for transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine, lumbar support, electromyography (EMG) of bilateral lower extremities, MRI of the lumbar spine and physical therapy three times a week for four weeks. Medications included Naprosyn, Flexeril and Tramadol. X-ray of lumbar spine showed L5-S1 spondylitic changes with sacroiliac arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain Page(s): 114.

Decision rationale: The employee had lumbago and sciatica. She was being treated with medications including Naprosyn, Tramadol and Flexeril. The request was for TENS unit. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. The guidelines recommend a one month trial of TENS unit before a purchase is requested. A review of the submitted medical records provides evidence that she has failed to improve with physical therapy and oral medications. She meets the criteria for a one month trial of TENS unit. The original request was for purchase of TENS. While this employee meets the guideline criteria for TENS trial, she doesn't meet the criteria for a purchase of the TENS unit. Hence, the request for purchasing TENS unit is not medically appropriate or necessary.

Lumbar support, purchase: Upheld

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

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

Decision rationale: The employee was being treated for back pain. Medications included Tramadol, Norco and Soma. Pertinent objective findings included tenderness over the paraspinal muscles and the spinous processes, tenderness to the sacroiliac joint, positive SLR 60/80 degrees on right and left and decreased range of motion. Flexion was 6 inches from floor, extension was 10 degrees, lateral bending was 15 degrees and axial rotation was 10 degrees. Muscle strength in back was 4/5. Diagnoses included lumbago with sciatica. The request was for lumbar support. According to ACOEM guidelines, lumbar supports are useful in the acute phase of back pain for symptom relief. The guidelines indicate that the lumbar supports have not been shown to have any lasting benefit beyond the acute phase. The employee was 16 years status post injury. There is no instability noted on examination. The request for lumbosacral orthotic brace is not medically necessary or appropriate.