

<b>Case Number:</b>	CM14-0168850		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 injured worker is a 30-year-old who was injured on July 24, 2014 while picking up an object weighing 50 pounds. Pursuant to the August 4, 2014 progress note, the injured worker complained of lumbosacral pain, which radiated towards the thoracic spine. This was aggravated by bending. Examination findings indicated tenderness to palpation over the T3-T8 levels. Reflexes in the lower extremities were intact. Sensation in the lower extremities was normal. Straight leg raising test was negative bilaterally, heel and toe standing, and gait was normal. The injured worker was diagnosed with lumbosacral sprain/strain, thoracic sprain/strain and left testicular pain. The request was made for a 12-month rental of a TENS/EMS until and 12 months rental of a lumbar brace. The injured worker was prescribed Gabapentin 15%/Amitriptyline 10%/Dextromethorphan 10% cream and Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% cream, Acetaminophen 500mg, and Relafen 750mg. He was instructed to limit his activities, wear lumbar support, and home exercise program instructions were given. He was to return in 5-6 day for re-evaluation. With regards to the request for the back brace, a clear/legible clinical indication for its use was not provided in the sole report submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Brace rental for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Brace

**Decision rationale:** Pursuant to the Official Disability Guidelines, the lumbar brace rental for 12 months is not medically necessary. The guidelines indicate lumbar supports are not recommended for prevention. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, there was no clear indication in the medical record as to the need for a lumbar brace. Generally, the guidelines do not recommend the use of lumbar corset treatment and considering the 12 month rental prolonged use may lead to progressive weakness of the core muscles. Additionally, there is very low-quality evidence for low back braces. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the lumbar brace rental for 12 months is not medically necessary.

**TENS/EMS rental for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS/EMS rental for 12 months is not medically necessary. The guidelines set the criteria for TENS use. It is not recommended as a primary modality of a one-month home-based tense trial may be considered. The guidelines state EMS (neuromuscular electric stimulation) is not recommended. There are no intervention trials suggesting benefit from EMS for chronic pain. In this case, the request was for a 12 month rental TENS unit. Consequently, the 12 month rental TENS unit is not medically necessary. EMS is not recommended pursuant to the Official Disability Guidelines. Based on the clinical information in the medical record and the peer review evidence-based guidelines, the TENS 12 month rental and neuroelectrical muscle stimulation are not medically necessary.