

<b>Case Number:</b>	CM14-0183717		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 40-year-old male who fell from a ladder January 29, 2010 injuring his low back and right knee. He has had arthroscopic surgery of the right knee. An MRI scan of the lumbar spine revealed spondylolisthesis and neural foraminal narrowing at L4-L5 and L5-S1. On October 14, 2013 the injured worker had a right-sided L4-L5 hemi-laminectomy and discectomy. His low back pain persisted nonetheless with radiation into the upper legs. He has been treated with the different Opioids, Gabapentin and Ibuprofen. There have been requests for facet joint injections and lumbar fusion surgery, however those requests were denied. The injured worker has been using a TENS unit since June 2014 which he claims has been helpful. The physical exam reveals tenderness of the paraspinal musculature, muscular spasm, diminished sensation in the region of the right L5 dermatome, and a negative straight leg raise exam. The diagnoses include spondylolisthesis, lumbar facet syndrome, and lumbosacral radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar corset:** Overturned

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

**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 recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). They are not recommended for prevention of back pain. In this instance, the injured worker has spondylolisthesis and it is clear that the intention of a lumbar support is for treatment, not prevention. Therefore, a lumbar corset is medically necessary.

**TENS supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, TENS (transcutaneous electrical nerve stimulation)

**Decision rationale:** Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Per the Official Disability Guidelines, a TENS unit is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. In this instance, there is no evidence to suggest that the injured worker has had a beneficial trial with a TENS unit nor is it stated how often and for how long he uses the unit. There is no evidence to suggest that he is involved in a program of evidence-based conservative care to achieve functional restoration. Therefore, because the medical necessity for a TENS unit has not been established, TENS supplies are likewise not medically necessary per the referenced guidelines.