

<b>Case Number:</b>	CM14-0184197		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 46-year-old male with date of injury of 02/02/2014. The treating physician's listed diagnosis from 05/21/2014 is lumbar radiculopathy. According to this report, the patient has improved since "resting his back." Acupuncture has been of benefit. He is still complaining of some mild radiculopathy in the left but not as intense. The patient stands erect. No sagittal or coronal plane deformity noted. Straight leg raise on the left is mildly positive at 45 degrees. Otherwise, neurologic exam is normal. The 03/11/2014 examination shows that the patient ambulates with a normal gait and full weight bearing on both lower extremities. There are spasms of the paravertebral musculature. Heel-to-toe ambulation is performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The documents include an MRI of the lumbar spine from 04/28/2014 and progress reports from 02/03/2014 to 05/21/2014. The utilization review denied the request on 10/30/2014.

### 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:** 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 unit Page(s): 114-116.

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting a TENS unit. The MTUS Guidelines pages 114 to 116 on TENS unit state that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has tried TENS unit in the past. MTUS requires a trial of TENS unit to determine its efficacy in terms of functional improvement and pain prior to its purchase. In this case, the review of the reports does not show that the patient has trialed 30-day home rental to determine its efficacy. The request is not medically necessary.

**Back Defenders Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Lumbar supports

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting a back defenders brace. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but maybe a conservative option."The MRI of the lumbar spine from 04/28/2014 showed 7mm focal left subarticular disc herniation at L4-5 with subsequent moderate spinal stenosis and possibly even right L5 nerve root impingement. The report making the request is missing. While the patient presents with low back pain, ODG states that there is very low quality evidence to support the use of lumbar supports for the treatment of chronic low back pain. The request is not medically necessary.