

Case Number:	CM14-0027145		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2013
Decision Date:	07/23/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

This case involves a 36-year-old patient, who sustained an injury on 3/15/13, while employed by [REDACTED]. The request(s) under consideration include lumbar support brace and TENS unit one (1) month trial for chronic pain. The report of 1/17/14 from the provider, noted the patient with complaints of ongoing jolting buttocks pain radiating down the posterior thighs to bilateral feet; and occasional tingling in bilateral arms. An exam showed tenderness bilaterally throughout the lumbar spine; moderate to severe pain at endpoints of flexion and extension; straightening of lumbar lordosis. The diagnoses included lumbar strain; thoracic strain; and radiculopathy. The request(s) for lumbar support brace and TENS unit one (1) month trial for chronic pain were non-certified on 2/7/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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, Back brace, page 372.

Decision rationale: The submitted reports have not demonstrated indication of instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for chronic low back pain. The reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace cannot be medically recommended. The MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines indicate that lumbar supports are not recommended for prevention; is under study for treatment of non-specific low back pain; and is only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The request is not medically necessary and appropriate.

ONE (1) MONTH TRIAL OF A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR CHRONIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115-118.

Decision rationale: The Chronic Pain Guidelines indicate that Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy, such as exercise, and medications which have not been demonstrated in this case. There is no clinical exam documenting limitations in the activities of daily living (ADLs), specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit. The TENS unit is not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The request is not medically necessary and appropriate.