

<b>Case Number:</b>	CM14-0029400		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/30/2005
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 48-year-old male who sustained an injury to his low back on 03/30/05. The mechanism of injury was not documented. MRI of the lumbar spine revealed diminished lumbar lordotic curvature; mild to moderate levoconvex scoliosis observed; degenerative anterior discogenic spondylitic spurring noted at L3-4 and L5-S1; disc from L3-4 to L5-S1 desiccated and reduced in height. The injured worker reported occasional headaches, 5-6/10 visual analog scale (VAS) constant radicular neck pain at 7-8/10 VAS constant radicular low back pain with associated numbness and tingling of the bilateral lower extremities. Physical examination noted decreased left knee, cervical, and lumbar ranges of motion, tenderness of the occipital region, trapezius, scalene muscles, lumbar paraspinal muscles and lumbosacral junction; positive straight leg raise test; positive left knee joint line tenderness and decreased motor strength. The injured worker was diagnosed with cervicalgia, lumbar spine radiculopathy and left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 large brace purchase:** Upheld

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

**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 chapter, Lumbar supports.

**Decision rationale:** The request for one large brace purchase is not medically necessary. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Current evidence based guidelines on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Given this and based on the ODG, the request for one large brace purchase is not indicated as medically necessary.

**1 lumbar epidural spine injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for 2 lumbar epidural spine injection is not medically necessary. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given that there was not a specific level/laterality identified by the clinical documentation provided or specified in the request, the request for 1 lumbar epidural spine injection is not indicated as medically necessary per MTUS guidelines.

**1 unknown physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**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 chapter, Physical therapy (PT).

**Decision rationale:** The body part to be treated was not specified in the request. The physical therapy notes provided did not indicate the specific amount of physical therapy the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no additional significant objective clinical information provided for review that would support the need to exceed the recommendations, either in frequency or duration of physiotherapy visits. Given this, the request for 1 unknown physiotherapy is not indicated as medically necessary per ODG.

**1 TENS unit with supplies purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-16.

**Decision rationale:** While transcutaneous electrical nerve stimulation (TENS) may reflect the long standing accepted standard of care within many medical communities, the results of the studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief nor do they answer the question about long-term effectiveness. Given this, the request for 1 TENS unit with supplies purchase is not indicated as medically necessary per MTUS guidelines.