

Case Number:	CM14-0039444		
Date Assigned:	06/27/2014	Date of Injury:	08/30/2013
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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, 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 31 year old with an injury date on 8/30/13. Patient complains of chronic frequent lower back pain, and frequent neck pain per 3/11/14 report. C-spine MRI showed mild disc at C5-C6 and L5-S1 mild budget of lumbar spine per 3/11/14 report. Patient is undergoing physical therapy, and had a Toradol injection with effect not noted per 3/11/14. Based on the 3/11/14 progress report provided by [REDACTED] the diagnosis is chronic cervical and lumbosacral strain. Exam on 3/11/14 showed Normal gait. C-spine: normal lordosis. Muscle spasm noted on right trapezius. Tenderness to palpation of cervical spine, and paracervical trigger areas. L-spine: restricted range of motion of the trunk, especially lateral bending to the right. Sacroiliac tenderness. Positive sacral compression test. Increased lumbar lordosis. [REDACTED] is requesting TENS unit for rental (unspecified frequency/duration) and a back brace. The utilization review determination being challenged is dated 3/19/14 and denies the back brace as MTUS does not support in a subacute or near chronic condition such as this patient's. [REDACTED] is the requesting provider, and he provided treatment reports from 5/30/13 to 3/11/14..

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit for rental (unspecified frequency/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS Page(s): 121.

Decision rationale: This patient presents with lower back pain and neck pain. The treater has asked for TENS unit for rental (unspecified frequency/duration) on 3/11/14. Review of the report shows no evidence of prior TENS unit usage. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. The requested TENS unit rental is reasonable for this type of condition but the length of the rental is not specified. The MTUS specifically recommends a one-month trial. Due to lack of specificity of the request, recommendation is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This patient presents with lower back pain and neck pain. The treater has asked for a back brace on 3/11/14. Patient is planning to return to work full duty on 5/1/14 using a back brace. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment 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). In this case, the patient presents with non-specific low back pain and does not present with any other specific diagnosis what would warrant the use of low back brace. For non-specific low back pain, the evidence is of very low-quality. The request is not medically necessary.