

<b>Case Number:</b>	CM14-0042742		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery, 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 injured worker is a 23-year-old female who was reportedly injured on January 23, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 3, 2014, indicates that there are ongoing complaints of left shoulder pain and low back pain. Prior opioid medications have been substituted with tramadol which helps with activities of daily living. NSAIDs and cyclobenzaprine have also been stated to be helpful. The physical examination demonstrated tenderness of the left shoulder and decreased left shoulder range of motion. There was a positive impingement sign and weakness with abduction. Examination of the lumbar spine noted tenderness and decreased range of motion. There was a positive left-sided straight leg raise and a neurological examination was stated to remain unchanged. The treatment plan consisted of continuation with left shoulder and lumbar spine physical therapy, as well as neurological inpatient treatment. There was a request for a lumbar sacral orthotic (LSO) brace and a 60 day trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Previous treatment includes a left shoulder subacromial injection, physical therapy for the left shoulder and lumbar spine. A request was made for the rental of a TENS unit for 60 days time and an LSO brace for the lumbar spine and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit for rental 60 days trial for lunbar and left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As this request is for a 60 day trial rather than just 30 days, the medical necessity of this request for Transcutaneous Electrical Nerve Stimulation (TENS) Unit for lumbar spine and left shoulder has not been established.

**LSO Brace for Lumbar Soine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar support Low back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines lumbar supports such as a lumbar sacral orthotic (LSO) brace is not recommended for prevention but as an option for treatment for compression fractures, spondylolisthesis, and documented instability. The injured employee is not stated to have any of these spinal conditions therefore this request for an LSO brace for the lumbar spine is not medically necessary.