

<b>Case Number:</b>	CM14-0044871		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Orthopaedic 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 records presented for review indicate that this 65 year-old female was reportedly injured on 8/20/2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/10/2014, indicates that there are ongoing complaints of low back pain, and right leg pain. The physical examination is handwritten and only partially legible. Lumbar spine: flexion 50, extension 20, low back right greater than left. No recent diagnostic studies are available for review. Previous treatment includes medication and conservative treatment. A request was made for lumbar spine brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit one-month rental, and was not certified in the pre-authorization process on 3/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar spine brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM treatment guidelines do not support the use of a Lumbar Spine Orthotic or other lumbar support devices for the treatment or prevention of low back pain except

in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, request for Lumbar Spine Brace is not considered medically necessary.

**TENS unit - 1 month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 OF 127.

**Decision rationale:** Treatment guidelines support the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request does not meet the guidelines of the criteria for a tens trial. As such, request for TENS Unit is deemed not medically necessary.