

<b>Case Number:</b>	CM14-0065154		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/26/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational Medicine 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:

According to the submitted records, this is a 41-year-old man with a date of injury on 11/26/06. This injury is therefore chronic. Mechanism of injury was that the patient was carrying a 220 pound resident and felt a pop and burning sensation back. The patient sustained injury to the lumbar spine and right knee. The requesting document is a Doctors 1st Report Injury from orthopedics. Date of the report is not clear but the request for authorization was dated 3/28/14. Subjective complaints simply state lumbar spine and right knee pain. Physical examination says "see report" [reviewer comment- none found] radiographs were said to show lumbosacral loss of lordosis, narrowing of L4 5 L5-S1-no fracture, limited motion. Right knee had no fracture. Diagnoses were lumbosacral strain/sprain-"HLD (herniated lumbar disk) W/RAD. /RAD." and right knee sprain/strain. In addition to requesting a lumbar spine brace and TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, a knee brace, nerve conduction studies and MRIs of the knee and lumbar spine were requested. There is no mention of what the patient's previous current treatment had been. There is no mention why the patient was being seen, such as acute flare-up of pain. Patient was placed temporarily totally disabled. There is no mention that the patient was participating in any type of independent home rehabilitation program. There is no mention of a trial previously with TENS or any positive response to use TENS (Transcutaneous Electric Nerve Stimulation) in the setting of formal therapy. There are records from a different physician from September 2013, but no substantial information regarding treatment contained in them. The requests to be addressed in this review is for the lumbar spine brace and the TENS (Transcutaneous Electric Nerve Stimulation) unit. A 7/1/14 MRI of the lumbar spine made no mention of any signs of fracture, listhesis or instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (Transcutaneous Electric Nerve Stimulation) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** MTUS chronic pain guidelines support use of transcutaneous electrical nerve stimulation (TENS) units as an adjunct to a program of evidence-based functional restoration i.e. work or independent rehabilitation program. Additionally, guidelines support use of TENS when there is evidence that other appropriate pain modalities have been trialed and failed, which was not documented in the available reports. There is no mention of what the treatment plan for specific short and long-term goals of use of the TENS unit was. Thus, based upon the evidence and the guidelines, the request of TENS (Transcutaneous Electric Nerve Stimulation) Unit is not medically necessary and appropriate.

**Lumber Spine Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back section, lumbar supports.

**Decision rationale:** ACOEM guidelines do not support use of lumbar supports beyond the acute phase of symptom relief. This injury is chronic and there is no mention of any significant flare-up of pain. ODG guidelines only recommend lumbar supports as an option for fractures, and specific treatment of spondylolisthesis, instability or when the patient is postoperative. The medical records mention none of these as being present for this patient. Thus, based upon the evidence and the guidelines, the request of Lumber Spine Brace is not medically necessary and appropriate.