

Case Number:	CM14-0065651		
Date Assigned:	07/11/2014	Date of Injury:	03/13/2000
Decision Date:	11/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation and Pain Management, 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 67-year-old female with an injury date of 03/13/00. Based on the 04/30/14 progress report provided by [REDACTED], the patient complains of neck pain that radiates down bilateral upper extremities rated 7/10 and low back pain that radiates down the bilateral lower extremities rated 7/10. Physical examination of the lumbar spine revealed tenderness to palpation in the paravertebral area of L4-S1. Range of motion was moderately limited secondary to pain, and significantly increases with flexion and extension. Treater states in progress report dated 04/24/14 that "the patient has had considerable persistent pain with a negative impact on function, and has failed more conservative treatment, and should be authorized TENS unit replacement and Lumbar orthosis."Diagnosis 04/30/14 are:- Chronic pain other- lumbar radiculopathy- Gastroesophageal reflux disorder (GERD)- Anterolisthesis 2mm L3-4- annular tear, L4-S1The utilization review determination being challenged is dated 05/05/14. [REDACTED] is the requesting provider and he provided frequent reports from 01/09/14 - 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthosis Waist 24 (size 8): 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 (ODG), Procedure Summary last update (03/31/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter for lumbar supports

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities rated 7/10 and low back pain that radiates down the bilateral lower extremities rated 7/10. The request is for Lumbar Orthosis Waist 24 (size 8). Her diagnosis dated 04/30/14 included lumbar radiculopathy, Anterolisthesis 2mm L3-4, annular tear, L4-S1 and chronic pain. Treater states in progress report dated 04/24/14 that "the patient has had considerable persistent pain with a negative impact on function, and has failed more conservative treatment, and should be authorized ... Lumbar orthosis." ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing, the request for Lumbar Orthosis Waist 24 (size 8) is not medically necessary and appropriate.

TENS unit replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities rated 7/10 and low back pain that radiates down the bilateral lower extremities rated 7/10. The request is for TENS Unit Replacement. Her diagnosis dated 04/30/14 included lumbar radiculopathy, Anterolisthesis 2mm L3-4, annular tear, L4-S1 and chronic pain. Treater states in progress report dated 04/24/14 that "the patient has had considerable persistent pain with a negative impact on function, and has failed more conservative treatment, and should be authorized TENS unit replacement..." According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Based on the request, it appears patient has owned or had a trial of TENS; however it has not been documented in medical records provided. The request does not specify whether it is for rental or purchase. Guidelines indicate documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration

approach. In this case, the treater has not indicated how the unit worked in the past, but is requesting another set. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others, but not chronic low back or neck pain. Treater has not documented how the TENS is to be used. Therefore, the TENS unit replacement is not medically necessary and appropriate.