

Case Number:	CM14-0069442		
Date Assigned:	07/14/2014	Date of Injury:	11/24/2009
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology has a subspecialty in Pain management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 11/24/09 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/15/14, the patient was seen for his chronic low back pain. He stated that he had pain over the weekend with his low back pain radiating down to heels bilaterally, left greater than right. Objective findings, good ROM of lumbar spine, normal gait, pain bilaterally at L5-S1, lower extremity reflexes symmetrical. Diagnostic impression, chronic low back pain, lumbar disc protrusion L4-5, L5-S1, bilateral lumbar radiculitis, right greater than left. Treatment to date medication management, activity modification, physical therapy. A UR decision dated 4/17/14 denied the requests for the purchase of a TENS unit, electrodes, batteries, and a lumbosacral back support were denied. Regarding TENS unit and supplies, the request does not meet California criteria in that the clinical information supplied does not include a treatment plan with specific long and short term goals. Also, sufficient evidence of the effectiveness of past TENS unit usage is not documented. Regarding lumbosacral back support, lumbar supports are not recommended for treatment of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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 and that other ongoing pain treatment should also be documented during the trial period including medication. It is noted in a 4/28/14 physical therapy evaluation that the patient had been provided a TENS unit. However, there is no documentation of the use of a TENS unit in physical therapy or of medication management. There is no documentation that the patient has had any significant pain reduction or functional improvement from his current TENS unit or how often he has been using his TENS unit therefore, the request for TENS unit is not medically necessary.

Electrodes #10 packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, since the request for a TENS unit was not found to be medically necessary, this associated request for supplies cannot be substantiated therefore, the request for Electrodes #10 packs is not medically necessary.

Batteries #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, since the request for a TENS unit was not found to be medically necessary, this associated request for supplies cannot be substantiated therefore, the request for Batteries #10 is not medically necessary.

Lumbosacral Orthosis (LSO) Back Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention, as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. There is no evidence that the patient has instability or compression fractures. There was also no clear evidence that the claimant has functional limitations. In addition, it is noted in a 4/28/14 physical therapy evaluation that the patient had been provided a back brace which he only uses occasionally. It is unclear why this request is being made if the patient already has a back brace therefore, the request for Lumbosacral Orthosis (LSO) Back Support is not medically necessary.

