

Case Number:	CM14-0083738		
Date Assigned:	07/21/2014	Date of Injury:	07/13/2009
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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:

The patient is a 54-year-old male who has submitted a claim for s/p L4-S1 fusion, status post left shoulder scope, cervical spine sprain/strain with left upper extremity radiculopathy, and left testicular pain associated with an industrial injury date of July 13, 2009. Medical records from 2013-2014 were reviewed. The patient complained of low back pain. It was described as cramping, sharp, and intermittent. There was also pain in the left shoulder. It was sharp and was aggravated with movement. The patient reports difficulty with TENS unit as the patient does not have a phone line. Physical examination showed tenderness of the paravertebral muscles. There decreased range of motion of the lumbar spine. Straight leg raise test was negative. For the left shoulder, there was periscapular, trapezial, and pectoral tenderness. There was also noted subacromial crepitus. Imaging studies were not available for review. Treatment to date has included medications, home exercise program, activity modification, lumbar spine fusion, and left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reactivation with Chip for Home TENS (transcutaneous electrical nerve stimulation) Unit:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Lumbar and Thoracic TENS (transcutaneous electrical nerve stimulation) Unit.

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

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the requested supplies are for a TENS unit. The rationale for this request was to allow the patient to begin home exercise program to avoid deconditioning, to maintain flexibility and strength and to avoid flare-ups. However, it was not clear if the patient was using a TENS unit at home. There had been no documentation regarding its use as well as the outcomes in terms of pain relief and functional improvement. Also, the most recent progress report dated April 30, 2014 was handwritten and illegible. The medical necessity has not been established. Therefore, the request for Reactivation with Chip for Home TENS (transcutaneous electrical nerve stimulation) Unit is not medically necessary.

Resistance Chair with Shoulder Stretcher: 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 TENS
Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the requested supplies are presumably for a TENS unit. The rationale for this request was to allow the patient to begin home exercise program to avoid deconditioning, to maintain flexibility and strength and to avoid flare-ups. However, it was not clear if the patient was using a TENS unit at home. There had been no documentation regarding its use as well as the outcomes in terms of pain relief and functional improvement. Also, the most recent progress report dated April 30, 2014 was handwritten and illegible. The medical necessity has not been established. Therefore, the request for Resistance Chair with Shoulder Stretcher is not medically necessary.

Lumbar Spine Brace: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar supports.

Decision rationale: Page 301 of the CA MTUS ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of low back since his industrial injury date of July 13, 2009. The patient also underwent lumbar spine fusion at L4-S1 on June 25, 2012. This is beyond the acute phase of symptom relief. The rationale for the request was not indicated as well. There was no documentation of an unstable lumbar fusion in which external immobilization might be necessary. Therefore, the request for Lumbar Spine Brace is not medically necessary.