

Case Number:	CM14-0089032		
Date Assigned:	07/23/2014	Date of Injury:	10/12/2012
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation, 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 injured worker is a 53-year-old male who reported an injury on 10/12/2012; due to stepping on wet cement, he slipped and fell on the floor. Diagnoses were herniated nucleus pulposus of the lumbosacral spine with bilateral L4-5 and L5-S1 radiculopathy, left worse than right. Treatment plan was to request a 2 month usage of a TENS unit, and a back brace. Diagnostic studies were x-ray of the lumbar spine and MRI of the lumbar spine. The MRI revealed multilevel mild degenerative changes and congenital spinal stenosis from the L1 to the L2 through L4-5 and lateral disc protrusion at the L4-5 with lateral annular fissure and degenerative spurring. There was severe left and moderate to severe right foraminal stenosis and moderate central canal stenosis and moderate narrowing. Surgical history was right knee surgery and arthroscopic surgery of the right wrist. The injured worker had a physical examination on 06/05/2014 with complaints of ongoing low back pain that radiated down both lower extremities with intermittent numbness and tingling. He reported that the left was worse than the right. The injured worker used a single point cane for ambulation and assistance. Physical examination revealed significant spasm at L5-S1. There was pain to palpation from the L4 through the S1, left and right paraspinal musculature. Range of motion was limited to flexion at 70 degrees, extension was to 20 degrees, bilateral rotation was to 40 degrees, bilateral tilt was to 50 degrees. There was decreased sensitivity to light touch to the posterolateral aspect of both lower extremities. There was a positive straight leg raise on the left at 50 degrees, and negative on the right. Medications were Norco 10/325 mg, Flexeril 10 mg, naproxen 500 mg, Prilosec 20 mg, and gabapentin. Treatment plan was for a lumbar support and a TENS unit. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS unit and supplies (months) QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/NMES Interferential Current Stimulation Page(s): 114-116, 121 118.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation, as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The medical guidelines recommend a 1 month trial of a TENS unit. The request submitted is for a 2 month. This exceeds the medical guideline recommendations. As such, the request is not medically necessary.

DME-Back brace QTY: 1.00: 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), Low back, lumbar and thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low pain, Lumbar Supports.

Decision rationale: The California ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines for lumbar supports states that they are not recommended for prevention. They are recommended as an option for treatment. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. For treatment of nonspecific low back pain, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain and at improving functional capacity. The injured worker does not have nonspecific low back pain. The injured worker does not have a compression fracture or spondylolisthesis. The medical necessity for the DME back brace was not reported. As such, the request is not medically necessary.