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| <b>Case Number:</b>   | CM14-0156703 |                              |            |
| <b>Date Assigned:</b> | 09/26/2014   | <b>Date of Injury:</b>       | 05/05/2006 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2014 |

### 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 Family Practice, and is licensed to practice in New Jersey & New York. 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 61 year old female with a date of injury as 05/05/2006. The cause of the injury was related to an industrial injury when she was lifting a heavy dog. The current diagnosis includes lumbago-pain in joint involving lower leg. Previous treatment includes left knee arthroscopic surgery with meniscectomy, right knee total arthroplasty, knee braces, back brace, physical therapy, home exercise program, and multiple medications. Primary treating physician's reports dated 03/21/2014, 05/14/2014, and 08/20/2014 were included in the documentation submitted for review. Report dated 08/20/2014 noted that the injured worker presented with complaints that included low back pain and bilateral lower extremity pain, and bilateral knee pain. Pain level was rated as 9 out of 10. Physical examination showed an antalgic gait, marked tenderness over the L2 vertebral body, and marked tenderness in the midline of the lower lumbar spine, decreased range of motion in the cervical and lumbar region, tingling sensation is present in the right lower extremity along the anterior and lateral thigh. The physician noted that an MRI of the lumbar spine revealed multi-level degenerative changes including a compression fracture at L2. The physician noted that the injured workers current back brace has provided relief, but is now worn out and requires replacement. It was also documented that the injured worker requires a small portable TENS unit that the injured worker can use while working. The injured worker's work status was not included. The utilization review performed on 09/12/2014 non-certified a prescription for purchase of a back brace and purchase of a TENS unit based on medical necessity. The reviewer referenced the California MTUS, and the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic), Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As per the MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. For eight years, the patient has chronic lower back pain with an MRI showing no evidence of spondylolisthesis or instability. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered not medically necessary.

**TENS unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

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

**Decision rationale:** The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient had improved pain with the use of her medications. The patient was not documented to have failed conservative therapy at this point. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. A trial of the TENS unit was not authorized and is required before the purchase of a unit. There was no indication that the patient was going to be involved in a functional restoration program. Therefore, the request is considered not medically necessary.