

Case Number:	CM14-0188990		
Date Assigned:	11/19/2014	Date of Injury:	08/01/2012
Decision Date:	01/08/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine 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:

This is a 53 year old male patient who sustained a work related injury on 8/1/12. Patient sustained the injury when he was picking up a 40 to 50 pound vacuum backpack and twisted to put it on his back. The current diagnosis includes lumbar sprain. Per the doctor's note dated 10/2/14, patient has complaints of low back pain at 4-5/10. Physical examination revealed joint effusion; no obvious muscle deformity; normal tone; limited range of motion of the right hip mainly adduction and rotation due to pain; moderate tenderness on palpation of the left SI joint, gluteal and piriformis muscles with trigger points; no gross scoliosis of the lumbosacral spine; range of motion within functional limits; no tenderness to palpation of the lumbosacral spine; no paralumbar muscle spasms or tightness; point tenderness of the SI joint and trigger points over the right piriformis muscle reproducing the patient's pain; normal motor strength throughout the lower extremities; sensation equal to light touch in the bilateral lower extremities; and reflexes equal and symmetrical in all extremities, negative straight leg raising and positive Patrick's Fabere's and Gaenslen's tests on the right. The current medication lists include Etodolac, Ibuprofen, Norco, and Tizanidine 4 mg at bedtime. The patient has had Lumbar spine MRI dated 11/12/12 that revealed mild broad-based disc bulges at L2-L3, L3-L4 and L4-L5 levels without central canal or foraminal stenosis and no evidence of annular tear or significant facet arthropathy. The patient underwent right intra-articular SI joint cortisone injection on 07/17/14; right piriformis injection for diagnosis of spasm of muscle left piriformis on 8/19/14. The patient has received an unspecified number of the physical therapy visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for 30 days: Upheld

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

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

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is "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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of physical therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The request for TENS Unit for 30 days is not fully established for this patient.

SI Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip and Pelvis

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, Lumbar supports

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post-operative (fusion)." Patient has received an unspecified number of physical therapy visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided.

Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of SI Belt is not fully established.

Heat and Cold packs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: Per the ACOEM guidelines cited below "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold." Per the cited guidelines for hot and cold pack "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders..." Any evidence of recent surgery was not specified in the records provided. Any evidence of acute pain was not specified in the records provided. The previous physical therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Heat and Cold packs is not fully established in this patient.