

Case Number:	CM14-0192356		
Date Assigned:	11/26/2014	Date of Injury:	09/12/2013
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, has a subspecialty in Interventional spine: 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 patient is a 44 year old male with an injury date of 09/12/13. Based on the 08/25/14 progress report, the patient complains of left hip pain and low back pain. He has been unable to sleep properly or walk normally due to pain. He walks with an antalgic gait on the left. Examination of the left hip reveals a positive Fadir impingement test, a positive Faber test, and a positive C sign. There is a positive straight leg raise sign on the left as well. The 09/29/14 report indicates that the patient has neck pain, back pain, and hip pain. He is using crutches. He has spine in his tailbone and left buttock area. He has radiating pain down the left leg to the knee and also feels numb. He has pain in the front of the hip, side of the hip, and in the pelvis. There is tenderness and spasm on the left side of the cervical spine. In regards to the lumbar spine, the patient has tenderness in the midline all the way down to the sacrum. The Lasegue test was positive on the right. The 10/17/14 report states that the patient has cervical spine pain, lumbar spine pain, and hip pain. No other positive exam findings were provided on this report. The patient's diagnoses include the following: 1.Cervical spine sprain 2.Lumbar spine sprain 3.Hip sprain The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 06/17/14- 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit, Cervical Spine, Lumbar Spine, and Left Hip: Upheld

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

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

Decision rationale: According to the 10/17/14 report, the patient presents with cervical spine pain, lumbar spine pain, and hip pain. The request is for TENS unit, cervical spine, lumbar spine, and left hip. Per MTUS Guidelines page 116, TENS Unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treater does not provide any discussion regarding the request. There is no mention of the patient previously using the TENS unit for a 1-month trial, as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. Treater has not indicated need for TENS unit based on MTUS criteria. There is no diagnosis of neuropathy, CRPS or other conditions for which TENS units are indicated. Therefore the requested TENS Unit is not medically necessary.

Back Brace: Upheld

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

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: According to the 10/17/14 report, the patient presents with cervical spine pain, lumbar spine pain, and hip pain. The request is for back brace. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "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)." The patient is diagnosed with cervical spine sprain, lumbar spine sprain, and hip sprain. There was no reason provided for the request. In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested back brace is not medically necessary.