

<b>Case Number:</b>	CM14-0198330		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 38 year old male sustained a work related injury on 12/16/2011. As of the most recent provider note submitted for review and dated 07/30/2014, the injury was noted to have occurred while he was pulling on a pallet jacket that contained cases of soda with an estimated weight of one thousand pounds. He noticed the presence of back pain with pulling sensation. The injured worker complained of moderate to severe lower back pain associated with severe muscle spasms and progressive limited range of motion to the lumbar spine. Pain was described as an 8 on a scale of 0-10 most of the time with flare-ups reaching at level 8. Pain was reported to be worse towards the end of the day and while attempting to climb stairs, prolonged walking and performing home exercise program. Pain radiated to bilateral legs and was associated with tingling and numbness as well as weakness increasing in severity and intensity in recent weeks. The injured worker reported having difficulty performing sexual activities due to lumbar spasms. There was also pain over the bilateral buttock with associated numbness and tingling and pain that radiated to the bilateral buttock down to the posterior and lateral aspect of the bilateral thigh that had been increasing in severity and intensity. This was noted recently while he was standing on uneven surfaces or while climbing up stairs or standing up from a seated position. According to the provider the injured worker's lower back pain had subsided somewhat with limited improvement, but he returned for this appointment due to increased frequency of pain associated with tingling and numbness as well as weakness progressing over the last weeks. An MRI of the lumbar spine performed on 07/08/2014 revealed developmentally short lumbar pedicles and associated epidural lipomatosis and spondylosis resulting in moderate central spinal stenosis at

L3-4 and L5-S1 with mild L5-S1 neural foraminal narrowing. Diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the lower extremities and sacroiliitis of the bilateral sacroiliac joint. Recommendations included bilateral sacroiliac joint injection starting with the left side under fluoroscopy guidance. This was based on examination which included severe bilateral sacroiliac joint thrust test, positive Gaenslen's sign and positive sciatic tenderness and Patrick Fabre sign with typical radiation to the posterior and lateral aspect of the thigh and the severe significant MRI results of the lumbar disc herniations. Radiology reports were not submitted for review. Prescriptions were given for Terocin patch, Terocin Lotion, Norflex and Neurontin. On 11/12/2014, Utilization Review non-certified the requested lumbar brace support purchase, TENS unit 3 month rental, TENS electrodes/batteries 3 month supplies purchase, cold therapy unit 14-day rental, cold therapy unit pad purchase, and therapy donut purchase. The request was received on 11/10/2014. According to the Utilization Review physician, ACOEM chapter 12 indicates that lumbar supports have not been shown to have any long lasting benefit beyond the acute phase symptom relief and the records did not indicate that the injured worker is in the acute phase. Guidelines indicate that if a TENS unit is recommended at all, a one month trial would be supported but not a three month trial. Therefore there would be no need for three month supply of TENS electrodes or batteries. Guidelines indicate that local application of cold is recommended. If a cold therapy unit is to be utilized, guidelines recommend only a seven day rental. There is no indication for cold therapy pad unit purchase as the cold therapy unit 14 day rental is not supported at this time. Records indicate that the claimant had sacroiliac joint injection most recently, but did not indicate the efficacy of the injection. He may have had significant improvement with injection and as such, therapy donut purchase is not supported. This decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar brace support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS, ACOEM, Chapter 12 Low Back Complaints, page 301 notes; lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is not in an acute phase of symptom relief and the lumbar brace support is not consistent with MTUS guidelines. The request is not medically necessary.

**TENS unit 3 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM Chapter 12, page 300 notes that the use of a TENS unit, similar to other modalities, is not effective treatment for patients with low back pain. The use of the requested TENS unit is not consistent with MTUS guidelines; therefore, the request is not medically necessary.

**TENS electrodes/batteris 3 month supplies purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM Chapter 12, page 300 notes that the use of a TENS unit, similar to other modalities, is not effective treatment for patients with low back pain. Since the use of a TENS unit is not consistent with MTUS guidelines, there is no reason for the TENS unit electrodes. The request is not medically necessary.

**Cold therapy unit 14-day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Durable Medical Equipment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 - 301.

**Decision rationale:** As noted in MTUS, Chapter 12 Low Back Complaints, the use of modalities are not recommended. Cold therapy does not have any long term efficacy for low back pain and patients may apply cold packs without a therapist as home as it is just as "effective" as when the therapist uses cold packs. There is no documented superiority of the use of a cold therapy unit for the treatment of back pain over applying cold packs. The request is not medically necessary.

**Cold therapy pad 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, Knee Chapter, Durable Medical Equipment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 - 301.

**Decision rationale:** As noted in MTUS, Chapter 12 Low Back Complaints, the use of modalities are not recommended. Cold therapy does not have any long term efficacy for low back pain and patients may apply cold packs without a therapist as home as it is just as "effective" as when the therapist uses cold packs. Since the cold therapy unit is not medically necessary, the cold therapy unit pad is not medically necessary.

**Therapy donut (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, Knee Chapter, Durable Medical Equipment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

**Decision rationale:** The use of a therapy donut is not consistent with MTUS, ACOEM Chapter 12 Low Back Complaints. The request for a therapy donut for a home exercise program is not medically necessary.