

Case Number:	CM14-0199183		
Date Assigned:	12/09/2014	Date of Injury:	11/06/2013
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	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. The expert reviewer is Board Certified in Internal 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:

Pursuant to the Primary Treating Physician's Progress Report dated September 30, 2014, the IW complains of low back pain with bilateral lower extremity symptoms. Pain is rated 7/10. Lumbar examination demonstrates tenderness and paraspinal spasm. There is mild swelling. Flexion is 50 degrees, extension 20 degrees, and left and right lateral tilt is 20 degrees. Straight leg raise test and Patrick's tests are negative. Neurological examination reveals diminished sensation to the bilateral L4 and L5 distributions. Motor is 4/5 bilateral tibialis anterior and EHL. Distal pulses are 2+ and symmetrical bilaterally. Lower extremity deep tendon reflexes are intact and symmetrical. The provider documents that TENS unit was efficacious previously at physical therapy. The provider is recommending an LSO to provide stability. The IW was prescribed Hydrocodone 10mg, and Cyclobenzaprine 5mg. The current request is for TENS 30-day trial period, and LSO back brace. Short term and long-term goal to be provided by the TENS unit was not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit - 30 day Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 30 day trial is not medically necessary. The guidelines indicate TENS is not recommended as an isolated intervention, but a one-month home based tens trial may be considered as a noninvasive conservative option for chronic back pain if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. TENS for acute low back pain is not recommended based on published literature on a consensus of current guidelines. Chronic low back pain not generally recommended as there is strong evidence that tens is not more effective than placebo or sham. There is minimal data on efficacy is affected by type of application, site of application, treatment duration and optimal frequency/intensity. In this case, the injured worker is being treated for lumbago, L5 radiculopathy right lower extremity, borderline peroneal sensory neuropathy and rule out lumbar disc disease. The treating physician did not submit a treatment plan including specific short and long-term goals of treatment the tens unit was to provide. Consequently, the guidelines indicate TENS is not generally recommended for chronic low back pain as there is strong evidence that TENS is not more effective than placebo. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, tens unit 30 day trial is not necessary.

LSO back brace: 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): 300.

Decision rationale: Pursuant to the ACOEM, LSO back brace is not medically necessary. The guidelines state lumbosacral supports are not shown to have lasting benefit beyond the acute phase of symptom relief. In this case, the date of injury is November 5, 2013. The injured worker's working diagnoses are lumbar strain/strain and lumbar radiculopathy. The injured worker is in the chronic phase of treatment. Consequently, the LSO back brace is not medically necessary because these lumbosacral supports are not shown to have lasting benefit beyond the acute phase. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, LSO back brace is not medically necessary.