

<b>Case Number:</b>	CM14-0202719		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old man who sustained a work-related injury on October 30, 2012. Subsequently, the patient developed a chronic back and knee pain. According to a progress report dated on September 24, 2014, the patient was complaining of back leg and knee pain with a severity rated 8-10 over 10 without medication and 6/10 with medications. The patient was treated with the pain medication, TENS, acupuncture, physical therapy and knee surgery on March 6, 2013. The patient physical examination demonstrated lumbar pain with positive right straight leg raise and right knee weakness. The patient was diagnosed with lumbar stenosis and mild posterior disc bulging. The provider requested authorization for TENS and lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is

recommended for prevention and not for treatment. The patient was injured on 2012 and there no clear rational for back support. Therefore, the request for lumbar back Brace is not medically necessary.

**TENS unit supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): (s) 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS

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

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality for neuropathic pain, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post-operative pain in the first 30 days after surgery. There is no documentation that the patient developed neuropathic pain or that a functional restoration program is planned in parallel with TENS. In addition, there is no objective pain and functional improvement with previous sessions of TENS. Therefore, the request of TENS unit supplies are not medically necessary.