

<b>Case Number:</b>	CM14-0209415		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 63 year old female with date of injury 5/2/05. The treating physician report dated 11/13/14 (23-34) indicates that the patient presents with pain affecting the lower back, right shoulder and right knee. The patient has a home interferential unit and home exercise kit which he is using on a regular basis. The physician is requesting that the insurance carrier allow patches so the patient can continue using the home unit. The patient is recommended to use back brace while going for driving or performing any flexion and extension activities involving the lumbar spine. The physical examination findings reveal lumbar tenderness, positive SLR at 40 degrees on the right and the patient is unable to walk on toes and heels. Prior treatment history includes medications, physical therapy and home interferential usage. The current diagnoses are: 1.Lumbar discogenic pain2.Lumbosacral radicular pain L4/53.Right shoulder pain and impingement, right upper extremity pain4.Right knee painThe utilization review report dated 12/8/14 (2) denied the request for 2 Electrodes for TENS unit; Soft Supporting Lumbar Brace, both for lumbar spine disorder, as an outpatient based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Electrodes for TENS unit; Soft Supporting Lumbar Brace, both for lumbar spine disorder, as an outpatient.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (for example Knee (for example Total Knee Arthroplasty) Low Back chapter: Lumbar supports.

**Decision rationale:** The patient presents with knee pain, shoulder pain and chronic lumbar pain with radiculopathy. The current request is for 2 Electrodes for TENS unit; Soft Supporting Lumbar Brace, both for lumbar spine disorder, as an outpatient. The treating physician states that the patient uses his home interferential unit and requires a back brace. This requested is combined so the criteria for ongoing TENS and lumbar brace will both need to be addressed. The MTUS guidelines regarding TENS states that it is an option for neuropathic pain. MTUS page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The physician has documented that the patient uses his home unit on a regular basis but there is no documentation of pain reduction or functional improvement with usage. Regarding soft supporting lumbar supports, the ODG guidelines under Lumbar supports do not recommend lumbar supports for prevention. ODG goes on to say, "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)." In this case, there is no documentation that the patient has been diagnosed. The request for 2 Electrodes for TENS unit; Soft Supporting Lumbar Brace, both for lumbar spine disorder, as an outpatient is not medically necessary or supported by the guidelines therefore request is not medically necessary.