

Case Number:	CM14-0209877		
Date Assigned:	12/22/2014	Date of Injury:	05/25/2001
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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:

This is a 36-year-old male with a 5/25/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/20/14 noted subjective complaints of low back pain. Objective findings included decreased lumbar ROM. Diagnostic Impression: thoracolumbar sprain, lumbar radiculopathy. Treatment to Date: medication management, acupuncture, physical therapy, ESI, TENS. A UR decision dated 12/1/14 denied the request for a heating pad. MTUS does support the use of local heat, but it is unclear why a heating pad is needed. It also denied a back brace. Guidelines do not recommend a corset for treatment. It also denied TENS unit. The analgesic and functional response to the previous TENS unit were not objectively documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states on heat/cold packs that these are recommended. Although there is minimal evidence, the relative ease and lack of adverse effects makes the use of local heat supported by guidelines. Therefore, the request for heating pad was medically necessary.

Purchase of Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, given the 2001 original date of injury, the patient is clearly beyond the acute phase of injury. Additionally, there is no diagnosis such as compression fracture or spondylolisthesis to warrant the use of a back brace. Therefore, the request for purchase of back brace was not medically necessary.

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no clearly documented benefit from prior TENS use. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for purchase of Transcutaneous Electrical Nerve Stimulation (TENS) was not medically necessary.