

Case Number:	CM15-0016084		
Date Assigned:	02/04/2015	Date of Injury:	05/31/2009
Decision Date:	05/01/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Family Practice

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 injured worker is a 59 year old female who sustained an industrial injury on 05/31/2009. Diagnoses include musculoskeletal pain, cervical radiculopathy, post laminectomy syndrome-lumbar region, spondylosis, and degeneration of cervical intervertebral disc. Treatment to date has included diagnostic studies, medications, epidural steroid injections, and home exercise program. A physician progress note dated 12/15/2014 documents the injured worker complains of pain in the posterior neck into bilateral shoulders down arms to hands and aching low back into bilateral legs to feet. Pain is rated a 3 out of 10 on the pain scale. The injured worker also states she has trouble standing up straight to walk and can lose her balance. She is doing well on her current medication regime. Treatment requested is for back brace for lateral support and range of motion, and TENS unit (rental/purchase) for lumbar muscle atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (rental/purchase) for lumbar muscle atrophy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" having had lumbar surgery. The date of the original work related injury is 05/31/2009. The patient has become opioid dependent. This review addresses a request for a TENS unit to treat "lumbar muscle atrophy." TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation does not mention a one month trial of treatment with TENS nor is the diagnosis on the list of recommended diagnoses for TENS. A TENS unit is not medically necessary.

Back Brace for lateral support and Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient receives treatment for chronic low back pain and "failed back" having had lumbar surgery. The date of the original work related injury is 05/31/2009. The patient has become opioid dependent. This review addresses a request for a low back support. Lumbar supports may be medically indicated to treat low back pain; however, according to the treatment guidelines their use is limited to the acute phase of treatment. ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of injury. Lumbar supports may be indicated to treat some cases of acute spinal compression fractures and in the immediate post-operative state after lumbar surgery. The guidelines state "the use of back belts as a lumbar support should be avoided because they have been shown to have little or no benefit." A lumbar support is not medically necessary.