

<b>Case Number:</b>	CM15-0133491		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 38 year old female who sustained an industrial /work injury on 2/15/15. She reported an initial complaint of back and right knee pain. The injured worker was diagnosed as having rule out lumbar intradiscal component, lumbar radiculopathy, internal derangement, right knee. Treatment to date includes medication, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. Currently, the injured worker complained of low back pain rated 6/10 with increasing right lower extremity symptoms. The LSO brace no longer is used due to weight gain and inability to fasten it. There is also right knee pain rated 9/10. A walker was used. Per the primary physician's report (PR-2) on 5/26/15, exam noted tenderness to the lumbar spine with decreased range of motion with flexion at 40 degrees, extension at 30 degrees, and bilateral lateral tilt at 35 degrees, positive straight leg raise for pain to the foot at 35 degrees. There is tenderness to the right knee, 1+ effusion with a positive McMurray's, medially. Current plan of care included diagnostics (MRI, EMG/NCV, request LSO and TENS and medications. The requested treatments include Retrospective (dos 5/26/15) transcutaneous electrical nerve stimulation (TENS) unit 20 day trial and Retrospective (dos 5/26/15) LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (dos 5/26/15) TENS unit 20 day trail: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a retrospective date of service May 26, 2015 TENS unit 30 day trial is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured workers working diagnoses are rule out lumbar intradiscal compound; rule out lumbar radiculopathy; rule out internal derangement right knee. Subjectively the injured worker has complaints of low back pain that radiates to the right lower extremity. The injured worker wears an LSO that is not fastened properly due to weight gain. The injured received TENS during physical therapy with benefit. The worker has 9/10 knee pain. There is no documentation indicating objective functional improvement with the TENS trial. There is no concurrent physical therapy administered with TENS. Objectively, the injured worker ambulates with a walker, but exhibits no instability. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS). The documentation does not indicate the anatomical location for its application (back versus knee). Consequently, absent guideline recommendations for TENS, concurrent physical therapy, and the anatomical region for treatment, a retrospective date of service May 26, 2015 TENS unit 30 day trial is not medically necessary.

**Retrospective (dos 5/26/15) LOS 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, retrospective date of service May 26, 2015 LSO brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured workers working diagnoses are rule out lumbar intradiscal compound; rule out lumbar radiculopathy; rule out internal derangement right knee. Subjectively the injured worker has complaints of low back pain that radiates to the right lower extremity. The injured worker wears an LSO that does not fasten properly due to weight gain. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for an LSO back brace and clinical documentation indicating the injured worker is in the chronic phase of treatment, retrospective date of service May 26, 2015 LSO brace is not medically necessary.