

Case Number:	CM15-0134249		
Date Assigned:	07/22/2015	Date of Injury:	10/24/2013
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56-year-old male, who sustained an industrial injury on 10/24/2013. He reported neck and back symptoms after falling from a chair. Diagnoses have included lumbar sprain-strain, cervical injury and cervicothoracic subluxation. Treatment to date has included chiropractic treatment, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6/22/2015, the injured worker complained of increased stress and loss of sleep due to increased lower back pain and numbness and tingling. Objective findings revealed sensory loss L5-S1. Kemp's sign was positive and straight leg raise was positive. The injured worker was temporarily very disabled. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit thirty-day trial, unknown pain management treatments and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating the worker's pain was neuropathic, suggesting the one-month TENS trial would be part of a functional restoration program, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for a thirty-day transcutaneous electrical nerve stimulation (TENS) trial is not medically necessary.

Unknown Pain management treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing lower back pain with numbness and tingling, increased stress, and decreased sleep. However, the request did not specify the type of pain management treatment, which would not allow for a determination of medical need. For these reasons, the current request for unspecified pain management treatment is not medically necessary.

Lumbar Support: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms.

Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing lower back pain with numbness and tingling, increased stress, and decreased sleep. There were no discussion suggesting reasons a back brace would be helpful or detailing special circumstances that supported this request. In the absence of such evidence, the current request for the rental or purchase of an unspecified type of support for the lower back region is not medically necessary.