

Case Number:	CM15-0136513		
Date Assigned:	07/24/2015	Date of Injury:	08/31/2002
Decision Date:	10/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 8/31/02. The diagnoses have included chronic low back pain, left leg sciatica, insomnia, cervical fusion and depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of progressive gait deterioration due to low back pain, poor tolerance, and endurance to stand and walk. He complains of chronic daily constant low back pain with left sciatica, and numbness in the left thigh area. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Fentanyl patch, Lidoderm patch, Tizanidine and Ambien. The physical exam reveals that he has a guarded posture, there is stiffness and rigidity in the neck and left shoulder and the posterior neck surgical wound dressing is intact. The Spurling sign is positive in the left side. There is lumbar tenderness and straight leg raise aggravates left sciatica with tingling sensation. There is no previous therapy sessions noted. The physician requested treatments included Lumbar brace #1, Transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine with adaptor and easy wear conduct wrap, and Acupuncture for the lumbar spine (unspecified frequency and duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. When seen, there was lumbar paraspinal muscle tenderness. Spurling's testing and straight leg raising were positive. Note from at least January 2015 reference continued use of TENS, a lumbar brace and acupuncture are being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone recent spinal surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine with adaptor and easy wear conduct wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In this case, the claimant apparently already uses TENS and there is no indication that the unit needs to be replaced. Use of a garment would require documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The request is not medically necessary.

Acupuncture for the lumbar spine (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is unknown and therefore the request is not medically necessary.

