

Case Number:	CM15-0149754		
Date Assigned:	08/12/2015	Date of Injury:	04/02/2001
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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 49 year old female who sustained an industrial injury on 04-02-01. Initial complaints and diagnoses are not available. Treatments to date include medication, aqua therapy, home exercise program, and wrist splints. Diagnostic studies include multiple MRIs, x-rays, and an electrodiagnostic study. Current complaints include neck and back pain. Current diagnoses include lumbar spondylolisthesis, cervical spondylosis, obesity, sexual dysfunction, and rule out bilateral carpal tunnel syndrome vs cervical radiculopathy. In a progress note dated 06-23-15 the treating provider reports the plan of care as an electrodiagnostic study of the upper extremities on 06-29-15, as well as a lumbosacral orthosis and a one month rental-trial of a TENS. The requested treatments include a lumbosacral orthosis and a one month rental-trial of a TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis purchase: Upheld

Claims Administrator 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 (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and continues to be treated for neck and back pain. When seen, there had been some improvement with pool therapy. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness. There was decreased right upper extremity sensation with positive Phalen's testing. 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 1 month rental/trial: Overturned

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.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and continues to be treated for neck and back pain. When seen, there had been some improvement with pool therapy. Physical examination findings included decreased cervical and lumbar spine range of motion with tenderness. There was decreased right upper extremity sensation with positive Phalen's testing. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS was medically necessary.