MAXIMUS Federal Services

Case Number:	CM15-0165044		
Date Assigned:	09/03/2015	Date of Injury:	10/30/1998
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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 60 year old male, who sustained an industrial injury on October 30, 1998, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, and lumbosacral neuritis. He underwent a surgical lumbar laminectomy. Treatment included pain medications, neuropathic medications, anti-inflammatory drugs, and activity restrictions. Currently, the injured worker complained of persistent chronic low back pain radiating into the left lower extremity and muscle spasms. The pain was worsened with prolonged sitting, standing, bending forward, and backwards, twisting reaching and lifting. The treatment plan that was requested for authorization included a transcutaneous electrical stimulation unit and a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase or rental not specified, duration and frequency not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-related injury in October 1998 and is being treated for chronic low back pain with left lower extremity radiating symptoms. Prior treatments include a cervical decompression. When seen, pain was rated at 2-5/10. A new TENS unit was requested with the claimant's indicating that his current unit was not working. TENS had been used to decrease muscle spasms. Physical examination findings included decreased and painful lumbar range of motion. In this case, the continued use of TENS is supported. However, the reason that the claimant's TENS unit is not working is not adequately documented. Low cost basic TENS units are available for home use and supplies such as electrodes and leads can be reused many times. Replacing the claimant's TENS unit would not fix a problem caused by a broken lead or by pads that need to be replaced. Without identifying the reason the claimant's unit is not working, replacing it is not medically necessary.

LSO back brace purchase (duration and frequency not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The claimant has a remote history of a work-related injury in October 1998 and is being treated for chronic low back pain with left lower extremity radiating symptoms. Prior treatments include a cervical decompression. When seen, pain was rated at 2-5/10. A new TENS unit was requested with the claimant's indicating that his current unit was not working. TENS had been used to decrease muscle spasms. Physical examination findings included decreased and painful lumbar range of motion. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. 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 a recent fusion. 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 is not medically necessary.