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| Case Number: | CM15-0167611 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 11/26/2013 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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
Certification(s)/Specialty: Emergency 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:

This injured worker is a 42 year old male, who sustained an industrial injury on 11-26-2013. On provider visit dated 07-14-2015, the injured worker reported lower back pain. Injured worker was noted to have undergone lumbar surgery in 12-2013 and pectoral tear repair in 2010. Objective findings were noted as having trigger points palpated in the gluteus medius, quadratus lumborum and lumbosacral region bilaterally. Range of motion was limited at lumbar spine due to pain. SI joint compression test was positive. The injured worker was diagnosed as having cauda equine syndrome not otherwise specified and lumbar spine neuritis or radiculitis. Treatment to date included medication and surgical intervention. The injured worker was noted as temporarily totally disabled. The provider requested a TENS unit to target inflammation at the lumbar regions and reduce inflammation and reduce scarring and spinal Q dynamic support vest to maintain postural control at the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS unit Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has lower back pain. Injured worker was noted to have undergone lumbar surgery in 12-2013 and pectoral tear repair in 2010. Objective findings were noted as having trigger points palpated in the gluteus medius, quadratus lumborum and lumbosacral region bilaterally. Range of motion was limited at lumbar spine due to pain. SI joint compression test was positive. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit is not medically necessary.

Spinal Q dynamic support vest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

MAXIMUS 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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Spinal Q dynamic support vest , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has lower back pain. Injured worker was noted to have undergone lumbar surgery in 12-2013 and pectoral tear repair in 2010. Objective findings were noted as having trigger points palpated in the gluteus medius, quadratus lumborum and lumbosacral region bilaterally. Range of motion was limited at lumbar spine due to pain. SI joint compression test was positive. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Spinal Q dynamic support vest is not medically necessary.