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| Case Number: | CM15-0189489 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 06/20/2012 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: 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 64 year old male who sustained an industrial injury on 06-20-2012. Medical records indicated the worker was treated for lumbar disc disorder, cervicgia, carpal tunnel syndrome, elbow pain, rotator cuff syndrome, and shoulder impingement. In the provider notes of 08-10-2015, the injured worker complains of no new changes, but he has back pain described as sharp and at times unbearable with throbbing pain, pain to the bilateral shoulders described as sharp, tingling, burning sensation that limits the shoulder motion bilaterally and causes difficulty sleeping at times. On examination there is mild tenderness over the spinal column and paravertebral muscles with spasm. Soft crepitus is present. Strength and tone of the bilateral head and neck extensors, flexors, and rotators is 4 out of 5, range of motion is flexion 3 degrees, extension 20 degrees, right rotation 25 degrees and left rotation 25 degrees. The lumbosacral spine has moderate flank tenderness bilaterally and tenderness over the spinal column. Trunk extension is 15 cm, lumbar spine flexion is 40 degrees, and right and left rotation are 15 degrees respectively. The shoulders have moderate tenderness over the anterolateral boarder of the acromion bilaterally, over the upper trapezius bilaterally, and spasm is present bilaterally. Sensation and tone are normal. Shoulders have a positive impingement test right and left. No medications are listed. The treatment plan includes purchase of a back brace and purchase of a TENS unit A request for authorization was submitted for a TENS Unit and a Back Brace. A utilization review decision 08-25-2015 modified the request for a TENS unit to certify a 30 day home trial-rental of a TENS unit, and non-certified the request for a Back Brace.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work injury in June 2012 when he slipped from a chair while reaching and he fell backwards landing on his coccyx. When seen, he was having throbbing low back pain and bilateral shoulder burning and tingling with limited motion. Physical examination findings included mild tenderness with crepitus and spasms. There was decreased cervical range of motion and strength. There was shoulder and upper trapezius tenderness with spasms and positive impingement testing with decreased strength. Requests included a back brace and TENS unit. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a TENS unit. Providing a unit for indefinite use is not medically necessary.

Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in June 2012 when he slipped from a chair while reaching and he fell backwards landing on his coccyx. When seen, he was having throbbing low back pain and bilateral shoulder burning and tingling with limited motion. Physical examination findings included mild tenderness with crepitus and spasms. There was decreased cervical range of motion and strength. There was shoulder and upper trapezius tenderness with spasms and positive impingement testing with decreased strength. Requests included a back brace and TENS unit. 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 considered medically necessary.

