

Case Number:	CM15-0208451		
Date Assigned:	10/27/2015	Date of Injury:	09/11/2013
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47-year-old male, with a reported date of injury of 09-11-2013. The diagnoses include lumbar stenosis, lumbar radiculopathy, lumbar facet syndrome, lumbar postlaminectomy syndrome, status post L4-5 decompression, right sacroiliac joint dysfunction, history of reactive depression, and possible right hip internal derangement. The medical report dated 10-07-2015 indicates that the injured worker had low back, right groin, and right lower extremity radiating pain. It was noted that at times, the pain radiated into the right foot. It was also noted that the injured worker reported decrease in pain and an improvement in activities of daily living with the use of his home TENS unit. On 09-02-2015, the injured worker rated his pain 7 out of 10; and 4 out of 10 on 08-03-2015. The physical examination showed a slow gait; increased right groin and anterior leg pain with internal and external rotation of the hip, which was decreased by 50%; negative right straight leg raise; normal sensation in the lower extremities; full strength in the lower extremities; positive right femoral acetabular impingement; tenderness over the right lower lumbar paraspinal musculature with spasm; and tenderness over the right sacroiliac joint. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Cyclobenzaprine, Terocin patches, Vicodin, TENS unit, home exercise program, lumbar laminectomy revision on 07-14-2015, and right lumbar epidural steroid injections on 06-30-2015. The request for authorization was dated 10-07-2015. The treating physician requested the purchase of a home TENS unit and purchase of a lumbar back brace for trial. On 10-15-2015, Utilization Review (UR) non-certified the request for the purchase of a home TENS unit and purchase of 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: 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: CA MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but a 1 month home TENS trial may be considered as a noninvasive option, if used as an adjunct to a program of evidence-based functional restoration and other ongoing pain treatment, including medication usage. In this case, there are no specific results of previous trials of TENS included with the submission. In addition there is no treatment plan submitted including short and long-term goals with usage of TENS. Therefore the request is not medically necessary or appropriate.

Lumbar back brace purchase: Upheld

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

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

Decision rationale: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends the lumbar brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following lumbar fusion. In this case the patient has had chronic lumbar pain for over two years. He underwent a lumbar laminectomy revision on 7/14/2015, and any post-operative need for lumbar bracing is no longer indicated. Therefore the request is not medically necessary or appropriate.