

Case Number:	CM15-0020392		
Date Assigned:	02/10/2015	Date of Injury:	02/14/2014
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

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 61 year old male who sustained a work related injury on February 14, 2014, when he was driving a vehicle and was hit from behind experiencing pain in the neck, left shoulder, low back and right sacroiliac joint region. Diagnoses included cervical sprain, rule out cervical radiculopathy, lumbar sprain, and rule out lumbar radiculopathy, right sacroiliitis and a left shoulder bursitis and impingement with a labral tear. Treatment included physical therapy, muscle relaxants and pain medications. Currently, in November 2014, the injured worker complained of cervical pain and left upper extremity symptoms and lower back pain. TENS was said to be helpful in therapy. On January 14, 2015, a request for a service of a Transcutaneous Electrical Nerve Stimulation (TENS) unit rental for 30 days, and a Lumbosacral Orthosis (Back Brace) purchase was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (back brace) purchase DOS 11/6/14: 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, Low Back Chapter, Back Brace/Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for LSO, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, evidence of spinal instability or compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO is not medically necessary.

TENS unit 30 day rental DOS 11/6/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Regarding the request for TENS rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has a longstanding injury with a neuropathic pain component and failure of conservative treatment including PT and medication. The provider noted that the patient benefited from the use of TENS during PT. As such, a one-month trial of TENS appears reasonable in accordance with the recommendations of the CA MTUS. In light of the above, the currently requested TENS rental is medically necessary.