

Case Number:	CM15-0021125		
Date Assigned:	02/10/2015	Date of Injury:	11/28/2013
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old who sustained an industrial injury on 11/28/2013. Diagnoses include lumbar radiculopathy, and lumbar spondylosis. Treatment to date has included medications, facet injections, acupuncture and a knee brace. A physician progress note dated 12/16/2014 documents the injured worker complains of low back pain. Pain is from back into the right lower extremity down to the knee. He has stiffness and spasm in the lumbar spine. On examination the lumbar spine range of motion is restrict with flexion. There is tenderness to the L4 and L5 spinous process. Pace's, straight leg raising, and Faber test is positive. Treatment requested is for back brace, right knee brace, seated walker, and TENS (Transcutaneous Electrical Nerve Stimulation) unit. On 01/12/2015 Utilization Review non-certified the request for TENS (Transcutaneous Electrical Nerve Stimulation) unit, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for a knee brace, and seated walker was not certified and California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines. The request for a back brace was not certified and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) and BlueCross BlueShield, 2007, TENS

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

Decision rationale: The patient presents with lower backache. Pain from back into right thigh as far down as the knee. The current request is for TENS (Transcutaneous Electrical Nerve Stimulation) unit. The treating physician states, "Continued stiffness of the lumbar spine and muscle spasm in the lumbar spine relieved with movement or positioning. She reports it as becoming worse with bearing weight and walking." The MTUS guidelines state with regards to TENS for chronic pain, "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, for the conditions described below." In this case, the patient has neuropathic pain and the treating physician has requested TENS. The medical records provided do not indicate that the patient has previously received a TENS unit for home usage. The UR report submitted for review quotes the guidelines but does not give an explanation for denial. The current request for TENS is medically necessary and the recommendation is for authorization.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 10/27/2014), Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Knee Chapter, Knee Brace

Decision rationale: The patient presents with lower backache. Pain from back into right thigh as far down as the knee. The current request is for Right Knee brace. The treating physician states, "Continued stiffness of the lumbar spine and muscle spasm in the lumbar spine relieved with movement or positioning. She reports it as becoming worse with bearing weight and walking. Rt knee brace since the patient does not have the endurance to stand up." The ODG guidelines state with regards to knee braces, "Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients." The ODG guidelines support the use of a knee brace if the patient has knee instability, ligament insufficiency/deficiency, etc. In this case, there is no indication in the Progress Report dated 12/16/14 that the patient has any of the indications required by the ODG guidelines. The physician states, "All lower extremity reflexes are equal and symmetric."

The treating physician does indicate in the three progress reports submitted and reviewed, that the patient is wearing a knee brace, but does not specify the reason for the current request. The current request is not medically necessary and the recommendation is for denial.

Back Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/2014), Lumbar Supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Low Back Chapter, Lumbar Supports

Decision rationale: The patient presents with lower backache. Pain from back into right thigh as far down as the knee. The current request is for Back brace. The treating physician states, continued stiffness of the lumbar spine and muscle spasm in the lumbar spine relieved with movement or positioning. She reports it as becoming worse with bearing weight and walking. Back brace since the patient does not have the endurance to stand up. The ODG guidelines state with regards to lumbar supports when used for treatment, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient has been diagnosed with Lumbar Spondylosis and the treating physician has also documented instability when walking. The current request is medically necessary and the recommendation is for authorization.

Seated walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 10/27/2014), Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Knee Chapter, Walking aids

Decision rationale: The patient presents with lower backache. Pain from back into right thigh as far down as the knee. The current request is for Seated Walker. The treating physician states, "Continued stiffness of the lumbar spine and muscle spasm in the lumbar spine relieved with movement or positioning. She reports it as becoming worse with bearing weight and walking. Seated walker since the patient does not have the endurance to stand up." (B.14-15) ODG guidelines state the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008). In this case, the treating physician has indicated that the patient has difficulty

standing and appears to be at risk for falling. The current request is medically necessary and the recommendation is for authorization.