

Case Number:	CM15-0025213		
Date Assigned:	02/17/2015	Date of Injury:	09/24/2005
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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, Arizona
 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 50-year-old female who reported an injury on 09/24/2005. The mechanism of injury was unspecified. Her relevant diagnoses include lumbar radiculopathy, displacement of lumbar intervertebral disc without myelopathy, long term drug therapy, medication monitoring, and lumbar postlaminectomy syndrome. Her past treatments include surgery, medications, a TENS unit, and injections. Her relevant medications were noted to include amitriptyline 25 mg, compound cream, cyclobenzaprine 10 mg, hydrocodone/acetaminophen 10/325 mg, ibuprofen 800 mg, Lyrica 100 mg, and Lyrica 75 mg. On 12/11/2014, the injured worker complained of low back pain rated 8/10 with associated numbness and tingling. The injured worker indicated her TENS unit was currently shorting out and was indicated to have been helpful in the past for her pain. The physical examination of the lumbar revealed tenderness to palpation over the thoracolumbar fascia with noted muscle spasms bilaterally and trigger point activity at the quadratus lumborum on the right. The injured worker had guarded and decreased range of motion. The treatment plan included a TENS unit with electrodes and aquatic therapy referral. The treatment plan also included a lumbar spinal decompression sag/coro rigid frame preba to the low back. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS & Electrodes Pack and purchase of Two Lead: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, is not recommended as a primary treatment modality, but a 1 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 criteria for the use of a TENS unit after the 1 month trial include: documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and ongoing treatment modalities within a functional restoration approach. Furthermore, the guidelines state other ongoing pain treatment should also be documented during the trial period including medication usage. The injured worker was noted to have some pain relief with her new TENS unit; however, she indicated it was shorting out on her. However, there was lack of documentation in regard to use in adjunct to a program of evidence based functional restoration. There was also a lack of documentation in regard to how often the unit was used, outcome in terms of pain relief and function, and other ongoing pain treatment including medication usage during the TENS unit usage. As the request for a new TENS unit was not supported, the additional request for electrodes pack and leads would also not be supported. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Lumbar spinal decompression (LSD) Sag-Coro Rigid Frame Preba to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the California MTUS/ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was indicated to have chronic low back pain. However, there was a lack of a clear rationale to indicate the medical necessity for a lumbar support. Furthermore, the guidelines do not recommend the use as there is lack of evidence showing any lasting benefits beyond the acute phase of symptom relief. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.