MAXIMUS Federal Services

Case Number:	CM15-0026436		
Date Assigned:	02/18/2015	Date of Injury:	05/23/2014
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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

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 52 year old female, who sustained an industrial injury on 5/23/2014. She has reported injury to the back and left eye. The diagnoses have included discogenic lumbar condition with facet inflammation with radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, chiropractic therapy, home exercise and ice/heat. Currently, the IW complains of back pain rated 7/10 VAS with radiation down to the hip. Physical examination from 1/9/15 documented decreased lumbar extension and lateral titling. Straight leg test was negative bilaterally. Milgram testing caused low back pain. The plan of care included obtaining a Magnetic Resonance Imaging (MRI), physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) with conductive garment, low back brace, and medication therapy. On 2/4/2015 Utilization Review non-certified a Low back brace, addition to CTLSO or scoliosis orthosis lumbar bolster pad, purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit, and purchase of Conductive garment for low back. The MTUS and ACOEM Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of a Low back brace, addition to CTLSO or scoliosis orthosis lumbar bolster pad, purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit, and purchase of Conductive garment for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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, Lumbar Supports.

Decision rationale: The patient presents with back pain rated 7/10 with radiation down to the hip. The request is for LOW BACK BRACE. The RFA is not provided. Physical examination on 01/09/15 documented decreased lumbar extension and lateral titling. Patient's diagnosis included discogenic lumbar condition with facet inflammation with radiculopathy. Treatments to date included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, chiropractic therapy, home exercise and ice/heat. The patient is currently off work. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, Lumbar Supports, states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "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." Treater is requesting a lumbar brace for support. ODG recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. In this case, the patient is suffering from inflammation with radiculopathy and does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. The request IS NOT medically necessary.

Addition to CTLSO or scoliosis orthosis, lumbar bolster pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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, Lumbar Supports.

Decision rationale: The patient presents with back pain rated 7/10 with radiation down to the hip. The request is for ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BLOSTER PAD. The RFA is not provided. Physical examination on 01/09/15 documented decreased lumbar extension and lateral titling. Patient's diagnosis included discogenic lumbar condition with facet inflammation with radiculopathy. Treatments to date included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, chiropractic therapy, home exercise and ice/heat. The patient is currently off work. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute

phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security."ODG Guidelines, under its low back chapter, Lumbar Supports also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient sustained an industrial injury on 05/23/2014 and is currently suffering from inflammation with radiculopathy. The patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Given the lack of ACOEM and ODG guidelines support for the use of lumbar orthosis, the request IS NOT medically necessary.

Purchase TENS unit: Upheld

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

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

Decision rationale: The patient presents with back pain rated 7/10 with radiation down to the hip. The request is for PURCHASE TENS UNIT. The RFA is not provided. Physical examination on 01/09/15 documented decreased lumbar extension and lateral titling. Patient's diagnosis included discogenic lumbar condition with facet inflammation with radiculopathy. Treatments to date included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, chiropractic therapy, home exercise and ice/heat. The patient is currently off work. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial."The patient presents with chronic low back and radicular symptoms for which a trial of TENS unit may be indicated; however, review of the medical reports did not show a prior trial of TENS unit. MTUS recommends trying one-month home use before a permanent unit is to be used. Due to the lack of evidence that the patient has successfully has had one month trial, the request for purchase of TENS unit cannot be considered to be in accordance with the guidelines. The request IS NOT medically necessary.

Purchase Conductive garment for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 75.

Decision rationale: The patient presents with back pain rated 7/10 with radiation down to the hip. The request is for PURCHASE TENS UNIT. The RFA is not provided. Physical examination on 01/09/15 documented decreased lumbar extension and lateral titling. Patient's diagnosis included discogenic lumbar condition with facet inflammation with radiculopathy. Treatments to date included Non-Steroidal Anti-Inflammatory Drugs -NSAIDs-, analgesic, muscle relaxer, physical therapy, chiropractic therapy, home exercise and ice/heat. The patient is currently off work. MTUS Chronic Pain Medical Management Guidelines, page 75 states: "Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast, as in treatment for disuse atrophy." In regards to the request for a conductive garment for the patient's personal TENS unit, the treater has not provided a reason for the request. MTUS does recommend so called "form-fitting" garments, which allow use of a TENS unit in cases where a patient cannot tolerate traditional electrodes. However, there is no indication from the records provided that the patient is unable to tolerate traditional electrodes, nor that the patient has a skin disorder which prevents use of the traditional system. Furthermore, the current request for a purchase of a TENS unit is being denied. Therefore, this request IS NOT medically necessary.