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| Case Number: | CM15-0028817 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 12/07/2004 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/16/2015 |

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 male, who sustained an industrial injury on 12/7/2004. The current diagnoses are lumbar strain with bilateral lumbar radiculitis, worse on right and red, blood-streaked stools. Treatment to date has included medications, MRI, and TENS unit. According to the progress report dated 12/26/2014, the injured worker complains of low back pain with radiation to the lower extremities, right greater than left. The pain is rated 3/10 with medications and 6/10 without. Additionally, he reported red, blood-streaked stools and constipation. The current medications are Norco. The current plan of care includes Ibuprofen 800mg #60, 1 TENS unit with supplies, and back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30; 298.

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 BackChapter, lumbar supports.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for BACK BRACE. Per 12/26/14 progress report, the patient demonstrates 70-80% range of lumbar motion. SLR test is positive on the right to 80 degrees in sitting position. The patient is currently working as a truck driver. 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 BackChapter, 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)." In this case, the treater requested, "back brace as he continues to work and he is having more and more difficulty controlling his pain level." This patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low backpain, there is very low quality evidence. This request IS NOT medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for IBUPROFEN 800MG #60. Per 12/26/14 progress report, the patient is currently taking Norco, Ibuprofen and Omeprazole. One of the diagnoses is red blood-streaked stool and constipation, likely due to use of pain medications; improved with the use of the stool softener. The patient is currently working. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." NSAIDs are effective for chronic LBP, MTUS also states. In this case, the patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS. The patient has been utilizing Ibuprofen since at least 06/23/14. None of the reports provides the medication's efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

1 TENS unit with supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transutaneous Electrical Nerve Stimulation); Criteria for the use of TENS.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for TENS UNIT WITH SUPPLIES. Per 12/26/14 progress report, "the patient states that his TENS unit is not working and he is requesting a new one. He also no longer has supplies for the unit but it was very beneficial when he was able to use it and it helped decrease the amount of oral medications he was taking." The patient is currently working. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the review of the reports indicates that the patient has used TENS unit in the past, and there is documentation of the effectiveness of TENS along with medication reduction. The patient is working. The treater requests TENS unit as the patient's current unit is no longer working. The request for replacement TENS unit IS medically necessary.