MAXIMUS Federal Services

Case Number:	CM15-0029816		
Date Assigned:	02/23/2015	Date of Injury:	02/10/2003
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 39 year old male, who sustained an industrial injury on 02/10/2003. He has reported subsequent back pain and was diagnosed with lumbar strain/sprain, muscle spasm, lumbar disc herniations, lumbar radiculitis and left sacroiliac joint inflammation. Treatment to date has included oral pain medication, physical therapy, home exercise and acupuncture. In a progress note dated 10/15/2014, the injured worker complained of 6-7/10 low back pain radiating to the left lower extremity associated with numbness and tingling. The physician noted that the injured worker's pain was increasing. Objective physical examination findings were notable for severe guarding and pain to palpation of the lumbar paraspinal muscles and lumbar spinous process. The injured worker had a lumbar epidural steroid injection performed on 11/12/2014 and a request for authorization of lumbar support and TENS unit was made. On 02/03/2015, Utilization Review non-certified requests for lumbar support and a TENS unit, noting that there was no medical documentation submitted to support the request. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar Supports.

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

Decision rationale: Regarding the request for lumbar support, 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, spinal instability, 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 lumbar support is not medically necessary.

TENS Unit 3 month rental with supplies (elect, batt): Upheld

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

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

Decision rationale: Regarding the request for TENS, 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, while a trial of TENS may be appropriate, the request exceeds the recommendation of a one-month trial and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested TENS unit is not medically necessary.