

Case Number:	CM15-0217163		
Date Assigned:	11/06/2015	Date of Injury:	04/24/1989
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/04/2015

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 49 year old male who sustained an industrial injury on 4-24-89. He is temporarily totally disabled. He currently (8-6-15) complained of increased pain in the lower back radiating down both legs, worse on the left and with weakness. Physical exam revealed limited range of motion and positive straight leg raise in bilateral lower extremities. The 9-17-15 note indicated that chiropractic sessions were effective in relieving this pain. Diagnostics included lumbar x-rays (8-6-15) showing loss of disc height, foraminal stenosis worse at L5-S1 but also at L3-4, L4-5, retrolisthesis at L5-S1 and some at L4-5. Treatments to date include chiropractic therapy and found the transcutaneous electrical nerve stimulator unit to be beneficial. In the 9-17-15 plan of care, the treating provider requested a transcutaneous electrical nerve stimulator unit for home use and back brace. In addition, the injured worker was authorized to receive MRI, electromyography, 12 chiropractic sessions. The request for authorization dated 10-1-15 was for transcutaneous electrical nerve stimulator unit; 1 adjustable elastic back brace. On 10-5-15 utilization Review non-certified the requests for transcutaneous electrical nerve stimulator unit; 1 adjustable elastic back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents on 09/17/15 with unspecified complaints. The patient's date of injury is 04/24/89. The request is for one tens unit. The RFA is dated 10/01/15. Progress note 09/17/15 does not include a comprehensive physical examination. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit 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." In this case, the provider is requesting a TENS unit for this patient's chronic pain. However, there is no documentation of an intent to perform a 30-day trial prior to purchase. Progress note dated 09/17/15 states: "The patient is undergoing chiropractic treatment. The TENS unit has been very helpful to lessen the patient's pain." It is not clear if this TENS unit was applied in-office or during the aforementioned chiropractic treatments, as there is no indication of a 30 day trial of a TENS unit in the records provided. Were the request for a 30-day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

One adjustable elastic back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Lumbar Supports.

Decision rationale: The patient presents on 09/17/15 with unspecified complaints. The patient's date of injury is 04/24/89. The request is for one adjustable elastic back brace. The RFA is dated 10/01/15. Progress note 09/17/15 does not include a comprehensive physical examination. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 12, page 301 on lumbar bracing states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient

has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low-grade evidence for this treatment modality. This patient presents lower back pain without a history of surgical intervention; there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury, which would warrant a lumbar brace. Therefore, the request IS NOT medically necessary.