

<b>Case Number:</b>	CM15-0218871		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old female who sustained an industrial injury on 8-9-2007. A review of medical records indicates the injured worker is being treated for myofascial pain syndrome, strain of the lumbar spine, and status post lumbar spine surgery. Medical records dated 10-23-2015 noted pain in the back with left leg numbness. Physical examination noted positive bilateral straight leg raise with spasm to the lumbar spine. A request was made for a back brace for pain and increase activities of daily living. Treatment has included Naproxen, Flexeril, and Neurontin since 7-13-2015. She also has been using TENS unit since 7-13-2015. Utilization review form dated 10-29-2015 noncertified TENS pad x 2 and retrospective back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS pad x 2:** 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:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), 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, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. In this case there is insufficient documentation in the submitted records that the injured worker is using a TENS unit, whether it is providing functional benefit, if it reducing the worker's pain scores and reducing her medication usage. There also is no evidence of an evidence based functional restoration plan. As the criteria has not been met for ongoing use of a TENS unit, the request for TENS pads is not medically necessary.

**Retrospective Back brace (DOS 7/13/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar support.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention.

**Decision rationale:** CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." 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. Therefore, the request does not meet recommended guidelines and determination is for non-certification. The request is not medically necessary.