

Case Number:	CM15-0221529		
Date Assigned:	11/17/2015	Date of Injury:	05/23/2014
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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. Medical records indicate the worker is undergoing treatment for lumbar discogenic condition and chronic pain. A recent progress report dated 10-22-2015, reported the injured worker complained of low back pain with intermittent pain radiating to the right hip with numbness and tingling. Physical examination revealed positive lumbosacral facet loading and flexion of 10 degrees and extension less than 10 degrees. Lumbar magnetic resonance imaging showed multilevel disc extrusion and moderate disc disease. Treatment to date has included 15 physical therapy visits with unknown effectiveness, 6 visits for chiropractic care with improvement with 6 more approved and not yet utilized and medication management. On 10-22-2015, the Request for Authorization requested Lumbar back support with back support insert and Conductive garment for TENS (transcutaneous electrical nerve stimulation) unit. On 11-5-2015, the Utilization Review noncertified the request for Lumbar back support with back support insert and Conductive garment for TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back support with back support insert, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Lumbar Supports.

Decision rationale: Based on the 10/22/15 progress report provided by the treating physician, this patient presents with low back pain and intermittent radiating pain to the hip on the right side with numbness/tingling. The treater has asked for lumbar back support with back support insert, QTY 1 on 10/22/15. The patient's diagnoses per request for authorization dated 10/22/15 are discitis, unspecified, lumbar region and radiculopathy, lumbar region. The patient has pain in the low back with bowel movements per 10/22/15 report. The patient is s/p lumbar epidural steroid injection at right L4-5 and L5-S1 from 8/13/15 with 50% improvement per 9/22/15 report. The patient is using a hot/cold wrap and TENS unit without a garment per 10/22/15 report. The patient had 6 chiropractic treatments with improvement from June of 2015 per 10/22/15 report. The patient had 15 physical therapy sessions which ended in May of 2015, and the 9 recent sessions helped per 9/22/15 report. The patient is currently on Workers' Compensation benefits as modified work was not available per 10/22/15 report. ODG-TWC, Low Back chapter under Lumbar Supports states that lumbar supports such as back braces are 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). Under study for post-operative use. The treater has made a request for back brace to apply on lumbar spine per progress report dated 10/22/15. The request for authorization associated with the request dated 10/22/15 specifies the request as lumbar back support and back support insert. Physical examination of the lumbar spine, as per the same report, revealed reduced lumbar range of motion, positive facet loading from L3 to S1. Utilization review letter dated 11/5/15 denies the request due to lack of documentation that the patient has a fracture, spondylolisthesis, or instability. A lumbar MRI showed large disc extrusion at L5-S1 as well as one at L2-3 and a moderate disc disease at L3-4 and L4-5 and narrowing at multilevel per 10/22/15. The original lumbar MRI was not included in the documentation. The included reports, however, do not document spinal instability, spondylolisthesis, or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request is not medically necessary.

Conductive garment for TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: Based on the 10/22/15 progress report provided by the treating physician, this patient presents with low back pain and intermittent radiating pain to the hip on the right side with numbness/tingling. The treater has asked for conductive garment for tens (transcutaneous electrical nerve stimulation) unit on 10/22/15. The patient's diagnoses per request for authorization dated 10/22/15 are discitis, unspecified, lumbar region and radiculopathy, lumbar region. The patient has pain in the low back with bowel movements per 10/22/15 report. The patient is s/p lumbar epidural steroid injection at right L4-5 and L5-S1 from 8/13/15 with 50% improvement per 9/22/15 report. The patient is using a hot/cold wrap and TENS unit without a garment per 10/22/15 report. The patient had 6 chiropractic treatments with improvement from June of 2015 per 10/22/15 report. The patient is s/p 15 physical therapy sessions which ended in May of 2015, and the 9 recent sessions were helpful according to the 9/22/15 report. The patient is currently on Workers' Compensation benefits as modified work was not available per 10/22/15 report. MTUS, Criteria For Use of TENS section, page 116, states the following: "(1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted; (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." The treater has not specifically discussed this request. Per progress report dated 10/22/15, it is stated that the patient has access to a TENS unit at home. The 7/14/15 report states that the patient uses the TENS unit daily. It is not clear however, how long the patient has been utilizing the TENS unit. In this case, review of the medical records provided do not indicate prior one-month trial of TENS unit and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. In regards to the request for a conductive garment, the patient does not present with a medical condition such as skin pathology; neither is there documentation that the patient requires a large area of treatment to warrant a conductive garment. The current request is not in accordance with guideline recommendations. Hence, the request is not medically necessary.