

Case Number:	CM15-0034392		
Date Assigned:	03/02/2015	Date of Injury:	10/10/2005
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 44 year old male with an industrial injury date of 10/10/2005. The injured worker states he was on top of a machine fixing it and jumped off. He states he landed on the ground and felt a sharp pain in his back. He returns for follow up on 01/05/2015 for follow up of low back pain. Physical exam revealed antalgic gait and stiffness when he walks. He had approximately 50% restriction in extension and about 50% restriction in his left and right lateral bending. Prior treatment includes diagnostics and lumbar surgery times 2 and medications. Diagnoses included lumbago/low back pain and thoracic or lumbosacral neuritis or radiculitis. The provider requested a trial of a TENS unit with supplies for one month and a lumbosacral corset. On 01/27/2015 the request for lumbar brace and TENS unit plus supplies was non-certified by utilization review. MTUS and ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit plus supplies Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Methods.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes; 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although it is reasonable to consider a trial of TENS with this worker, there was insufficient criteria met such as there was no documented evidence of the worker performing home exercises on a regular basis or at least plans to do so while using TENS. Also, the request submitted did not include a duration for trial/rental, which would be required before consideration. Therefore, the TENS will be considered medically unnecessary at this time. The MTUS ACOEM Guidelines also state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, he had used a lumbar corset which was worn out, according to the documentation provided, and a new one was requested to take its place to be used occasionally. However, this is contrary to the Guidelines suggestions to use any corset for prevention or pain relief. Therefore, the lumbar brace is not medically necessary.

Laboratory Panels (Complete Blood Count, Chem 8, Creatine Phosphokinase test, C-Reactive Protein, Arthritis Panel and Hepatic Panel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. In the case of this worker, CBC, Chem 8, CPK, CRP, Arthritis panel, and Hepatic panel were all requested to be completed since he had not had routine blood work since 8 months prior. The worker had been using ibuprofen for his chronic pain, however, multiple tests to identify potential side effects of this medication should be based on history and physical and not done for screening purposes if the worker has already been taking the medication without abnormalities for some time. Also, other tests for

arthritis were ordered and it is not known as to why these are being ordered and there is no clear justification seen in the notes provided for review. Therefore, the laboratory panels requested together will be considered medically unnecessary without a more clear indication. Also, if there is concern with so many side effects with this medication (ibuprofen), there is the option of discontinuing it.