

<b>Case Number:</b>	CM15-0047674		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/18/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 18, 2006. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve requests for TENS unit supplies and a back brace. The claims administrator referenced progress notes of December 12, 2014 and December 29, 2014 in its determination. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported 8-9/10 low back pain. The applicant reported difficulty performing household chores or yard work. The attending provider contended that the applicant's usage of a TENS unit was beneficial, despite heightened back pain complaints. Heightened complaints of depression, dyspepsia, insomnia, and right leg pain were also evident. The applicant was described as having been hospitalized following a suicide attempt several years prior, in 2009. The applicant was given topical Methoderm and TENS unit supplies. Norco was renewed. A back brace was proposed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

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

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

**Decision rationale:** No, the request for a back brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports (AKA back braces) are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly well outside of the acute phase of symptom relief as of the date of the request, December 12, 2014, following an industrial injury of July 18, 2006. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.

**TENS supplies - lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for TENS unit supplies was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with favorable outcomes in terms of both pain relief and function. Here, however, previous usage of a TENS unit has not generated significant benefit. The applicant remained off of work as of the December 12, 2014 progress note in question. 8-9/10 pain complaints were reported on that date. The applicant was having difficulty performing activities of daily living as basic as household chores, yard work, etc. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant did not appear to be working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of TENS unit. Therefore, the request for associated TENS unit supplies was not medically necessary.