

<b>Case Number:</b>	CM15-0057719		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 38 year old male, who sustained an industrial injury on 1/26/10. The diagnoses have included lumbar spine strain/sprain, lumbar facet syndrome, cervical strain and depression. Treatment to date has included medications, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), Home Exercise Program (HEP). Currently, as per the orthopedic physician progress note dated 2/13/15, the injured worker complains of low back pain, problems with blood pressure and headaches. He also noted that he has been putting on weight. The objective findings revealed cervical spine tenderness bilaterally with decreased range of motion forward flexion 30 degrees, back extension 20 degrees and rotation 45 degrees bilaterally. There were no current medications noted and no previous physical therapy sessions were noted. The physician noted that the injured worker was awaiting authorization for x-rays of the cervical spine and Magnetic Resonance Imaging (MRI) of the cervical spine. It was also noted that he would be fitted for a custom brace for the lumbar spine and provided with a prescription for supplies for the Transcutaneous Electrical Nerve Stimulation (TENS) unit. The physician requested treatments included LSO back brace and TENS unit purchase with supplies electrodes, batteries, wipes, and lead wire.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic Chapter, lumbar supports.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities, and neck pain. The request is for LSO BACK BRACE. The request for authorization is not provided. MRI of the right shoulder, date unspecified, shows complete repair of the rotator cuff, and AC joint osteoarthritis. The patient also complains he is having problems with high blood pressure and headaches. Physical examination of the lumbar spine shows tenderness to palpation over bilateral paravertebral musculature and sacroiliac joints. Range of motion is decreased bilaterally. His low back pain is interfering with his ability to exercise, which would be beneficial for his weight gain and high blood pressure. Chiropractic care has been helpful for him in the past and he is not a candidate for surgery. He uses a cane for ambulation when he has very severe pain in his low back. Per progress report dated, 02/13/15, the patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back Lumbar & Thoracic Chapter, lumbar supports topic, states, "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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater does not discuss the request. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

**TENS unit purchase with supplies electrodes, batteries, wipes, and leadwire:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities, and neck pain. The request is for TENS UNIT PURCHASE WITH SUPPLIES ELECTRODES,

BATTERIES, WIPES, AND LEADWIRE. The request for authorization is not provided. MRI of the right shoulder, date unspecified, shows complete repair of the rotator cuff, and AC joint osteoarthritis. The patient also complains he is having problems with high blood pressure and headaches. Physical examination of the lumbar spine shows tenderness to palpation over bilateral paravertebral musculature and sacroiliac joints. Range of motion is decreased bilaterally. His low back pain is interfering with his ability to exercise, which would be beneficial for his weight gain and high blood pressure. Chiropractic care has been helpful for him in the past and he is not a candidate for surgery. He uses a cane for ambulation when he has very severe pain in his low back. Per progress report dated, 02/13/15, the patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Treater does not discuss the request. Per progress report dated 12/11/14, treater notes, "TENS unit will be re-ordered." Per progress report dated, 01/15/15, treater notes, "He will also be provided with a prescription for supplies for the TENS unit." In this case, it appears the patient is currently using a TENS unit. However, the treater does not indicate how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. MTUS requires documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. Furthermore, the patient does not present with an indication for a TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request IS NOT medically necessary.