

<b>Case Number:</b>	CM14-0114637		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 who reported an injury on 12/27/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral wrist tenosynovitis, right carpal tunnel syndrome, and lumbar spine sprain/strain. Past medical treatment consist of use of a TENS unit, ESIs, physical therapy, acupuncture, infrared therapy, and medication therapy. On 12/18/2013, the injured worker underwent electro diagnostics, which revealed no electrophysiological evidence of entrapment neuropathy on the bilateral peroneal and tibial nerve. There was also no electrophysiological evidence to support motor radiculopathy or distal peripheral neuropathy in the lower extremities. On 06/12/2014, the injured worker complained of lumbar spine pain. Examination revealed there was tenderness to palpation above the lumbar paravertebral musculature. Range of motion was restricted due to pain. There was decreased flexion and extension. A positive straight leg was noted on the right and there was also notations that the injured worker had muscle spasms. Treatment plan is for the injured worker to have use of a TENS unit for the lumbar spine and bilateral wrists. The provider noted that the injured worker stated that previous use of a TENS unit was helpful with pain. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The request for Lumbar support for the low back is not medically necessary. ACOEM/California MTUS Guidelines state because evidence is insufficient to support using vertebral acts of decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment for an injured worker. Given the above, the request is not medically necessary.

**Transcutaneous Electrical Stimulation Unit for home use for the lumbar spine and bilateral wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENs) Page(s): 116.

**Decision rationale:** The request for Transcutaneous Electrical Stimulation Unit for home use for the lumbar spine and bilateral wrists is not medically necessary. The California Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documented lacked evidence indicating significant deficits upon physical examination. The efficacy of the injured worker's previous course of conservative care were not provided. Additionally, it is unclear if the injured worker underwent an adequate TENS trial. Furthermore, the request is also unclear if the injured worker needed to rent or purchase a TENS unit. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.