

<b>Case Number:</b>	CM14-0128620		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 48-year-old male with a 1/1/08 date of injury, and status post bilateral feet surgery from plantar fasciitis (undated). At the time (3/28/14) of request for authorization for Lumbar Sacral Orthosis (LSO)Back Brace purchase and Transcutaneous electrical nerve stimulation (TENS) unit purchase with supplies, there is documentation of subjective (low back pain radiating to bilateral feet, bilateral ankle pain shooting into calves, bilateral hip pain, and using cane at work) and objective (increased tenderness to palpation lumbar spine, painful limited lumbar spine range of motion, tenderness to palpation both calcaneus, and swelling of bilateral ankles) findings, current diagnoses (lumbar spine sciatic syndrome, anxiety and depression, and status post bilateral feet surgery from plantar fasciitis), and treatment to date (medications (including ongoing treatment with Lyrica, Ultram, and Anaprox)). Regarding Lumbar Sacral Orthosis (LSO)Back Brace purchase, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding Transcutaneous electrical nerve stimulation (TENS) unit purchase with supplies, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Sacral Orthosis (LSO)Back Brace purchase:** 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 (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion)

**Decision rationale:** The ACOEM Guidelines identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. The ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sciatic syndrome, anxiety and depression, and status post bilateral feet surgery from plantar fasciitis. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) unit purchase with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** The MTUS Chronic Pain Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, the MTUS Chronic Pain Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sciatic syndrome, anxiety and depression, and status post bilateral feet surgery from plantar fasciitis. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. In addition, the requested transcutaneous electrical nerve stimulation (TENS) unit purchase with supplies exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Transcutaneous electrical nerve stimulation (TENS) unit purchase with supplies is not medically necessary.

