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| Case Number: | CM14-0134033 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 10/14/2010 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Family 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:

The injured worker is a 57 year old female who sustained a continuous trauma injury from April 24, 2013 to July 2, 2014. The patient receives treatment for low back pain. Previous treatment modalities include chiropractic care. A review of the submitted medical documentation indicate in progress notes dated May 8, 2014, June 24, 2014 and July 24, 2014 that the injured worker has lumbosacral back pain with radiculopathy that travels to both lower extremities. A request for a Quick Draw Belt Lumbar Spine Support Purchase and a TENS Unit Purchase were non-certified in Utilization Review (UR) on August 6, 2014. The UR physician determined that with regard to the request for the Quick Draw Belt Lumbar Spine Support purchase, the American College of Occupational and Environmental Medicine (ACOEM) indicated that the supports have not been shown to have any lasting benefit beyond the acute phase of injury. In addition, the Official Disability Guidelines (ODG)-TWD indicates that lumbar supports are recommended as an option only for compression fractures, spondylolisthesis, documented instability, and post-operative care. The UR physician determined that based on the injured worker's symptoms, the pain was due to radiculopathy, which are not included in the usage criteria. With regard to the request for the TENS unit purchase, the UR physician noted that the California Medical Treatment Utilization Schedule (MTUS) does not recommend TENS as a primary treatment modality. The UR provider noted that the documentation indicated that the injured worker was provided a TENS unit in the past and there was no support for a duplicate device. A request for independent medical review was made on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quick draw belt lumbar spine support purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: Lumbar supports may be medically indicated to treat low back pain; however, according to the treatment guidelines their use is limited to the acute phase of treatment. This patient receives treatment for chronic low back pain with radiation to both legs. The guidelines state "the use of back belts as a lumbar support should be avoided because they have been shown to have little or no benefit." The Quick draw belt support is not medically indicated.

TENS unit purchase: Upheld

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

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

Decision rationale: The treatment guidelines call for a one month trial of TENS in patients with persisting low back pain lasting more than 3 months. There is documentation on 11/04/2014 that the patient reported no significant pain relief from the TENS treatments after the trial of TENS. The purchase of the TENS unit is not medically indicated.