

<b>Case Number:</b>	CM14-0163208		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Occupational 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 claimant reportedly was injured on 05/12/14. A lumbar back support (LSO), TENS unit/electrodes/ batteries for 2 months rental are under review. He has a diagnosis of epilepsy. He has been treated with multiple medications for that disorder. He has had multiple injuries over the years along with chronic epilepsy for which he takes medication. A letter from [REDACTED] dated 05/12/14 indicates that he was diagnosed with epilepsy and was currently stable on medication. He required restrictions at work. This was related to the epilepsy and there is no mention of any problems with his back or any chronic pain. There were no other clinical documents that address the request for an LSO brace or a TENS unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for a LSO back support (purchased): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, lumbar supports

**Decision rationale:** The history and documentation do not objectively support the request for purchase of a lumbar (LSO) back support. The MTUS do not address lumbar braces. The ODG state lumbar supports are not recommended for prevention. Recommended as an option for treatment, [including 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).] There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." There is no evidence in the file of any condition that requires the use of a lumbar support for treatment. There is no evidence of instability of the lumbar spine or recent or pending surgery in the records. No specific indication was given for this request and none can be ascertained from the records. The request is not medically necessary.

**Retrospective request for batteries 2 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The history and documentation do not objectively support the request for a two month supply of batteries for a TENS unit. The MTUS state transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-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, for the conditions described below [including neuropathic pain]. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. A home-based treatment trial of one month may be appropriate for neuropathic pain." There is no evidence of a disorder for which chronic pain has resulted. If the claimant was injured on 05/12/14, there is no history of injury in the records and no documentation of a workup for low back pain. There is no indication that he has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. The medical necessity of this request for a two month TENS unit rental has not been clearly demonstrated. Therefore, the medical necessity of a supply of batteries for two months is also not medically necessary.

**Retrospective request for electrodes 2 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The history and documentation do not objectively support the request for a two month supply of electrodes for a TENS unit. The MTUS state transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-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, for the conditions described below [including neuropathic pain]. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. A home-based treatment trial of one month may be appropriate for neuropathic pain." There is no evidence of a disorder for which chronic pain has resulted. If the claimant was injured on 05/12/14, there is no history of injury in the records and no documentation of a workup for low back pain. There is no indication that he has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. The medical necessity of this request for a two month TENS unit rental has not been clearly demonstrated. Therefore, the medical necessity of a supply of electrodes for two months is also not medically necessary.

**Retrospective request for TENS unit 2 months rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The history and documentation do not objectively support the request for a two month rental of a TENS unit and two month supplies of electrodes and batteries. The MTUS state transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-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, for the conditions described below [including neuropathic pain]. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. A home-based treatment trial of one month may be appropriate for neuropathic pain." There is no evidence of a disorder for which chronic pain has resulted. If the claimant was injured on 05/12/14, there is no history of injury in the records and no documentation of a workup for low back pain. There is no indication that he has been involved

in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. The request is not medically necessary.