MAXIMUS Federal Services

Case Number:	CM14-0175366		
Date Assigned:	10/28/2014	Date of Injury:	09/26/2008
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This 34-year old woman has chronic low back, L hip and leg pain that apparently resulted from an injury which occurred on 9/26/08. The mechanism of injury and initial treatment is not described in the available records. Her current primary treater has been following her since at least 4/3/14. During that time he has treated her with multiple medications, with a Theracane for self massage (noted as dispensed all 7 visits from 4/3/14 to 10/9/14), with instruction in home exercise and with acupuncture. The patient continues to have back and L lower extremity pain which is noted to be the same or worse at every one of the 7 visits in the records. The patient's work status is documented as modified with exactly the same restrictions at all 7 visits. The most recent note from the primary provider, dated 10/9/14, states that the patient is feeling the same. She continues to have mid and low back pain as well as L hip pain with occasional numbness of the L leg and pain radiation down her R leg. Exam findings include tenderness of the low back, L SI joint and L hip. There is diminished sensation in the entire L leg. Strength and deep tendon reflexes are normal. Diagnoses include lumbar strain, L sacroiliac pain and L hip and leg pain. Treatment plan includes dispensing a Theracane, replacing the patient's worn thoracolumbar brace, continuing acupuncture, continuing, prescribing Lidoderm patches, Miralax, Melatonin, and ibuprofen. Medrox cream was dispensed. A thoracolumbar brace was requested with the rationale that the patient had lost weight and her current brace was too loose. A TENS purchase with electrode vest was requested, with the stated rationale that the patient "has had a TENS trial with more than 50% pain relief while she used it". There is no previous mention of a TENS trial in the records, and the records do not contain any documentation regarding the trial itself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens purchase with vest: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The available clinical records do not support the provision of a TENS unit with vest. There is no documentation of a TENS trial in the records. If it occurred during the 6 months between 4/3/14 and 10/9/14, it certainly did not result in any long-term improvement of either pain or function, since neither the patient's pain nor function improved at all during that time. If the trial took place more than 6 months before the request and was as successful as the provider claims, it is not clear why TENS purchase was not requested previously. If such a trial took place, it is also not clear that the required documentation occurred, including frequency of use, pain relief and function, and changes in other treatments and medications. There is no documentation of specific short and long-term goals for TENS use. There is no documentation as to what type of TENS units is requested (2 versus 4-lead). Finally, there is no documentation as to why the patient might require a vest. She does not have a documented illness or condition that would prevent her from using a traditional system; she is not wearing a cast, and has not had a recent thoracotomy.Based on the MTUS guideline cited and on the clinical documentation in this case, a TENS purchase with a vest is not medically necessary, because there is no evidence that a 30-day TENS trial has been appropriately documented, there are no documented short and long-term goals for TENS use, because the type of TENS unit to be purchased is not specified, and because there is no evidence that the patient needs a vest. Therefore, Tens purchase with vest is not medically necessary and appropriate.

Thoracolumbar 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 and 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, lumbar supports

Decision rationale: The ACOEM references state that lumbar supports have not been shown to have any lasting benefit beyond acute symptom relief, and that corsets are not recommended for treatment of low back conditions. The updated ACOEM Low Back chapter states that lumbar supports are not recommended. The use of a support for pain may theoretically speed healing, but numerous studies have shown a clear pattern of decreasing back pain with increasing activity. Thus a device that reduces mobility may actually be harmful.The clinical records do not support the provision of a thoracolumbar brace to this patient. She is well beyond the acute

phase of her injury, and the treating provider has not documented any specific reasons that she would need a back brace at this point. Based on the evidence-based citations above, and on the clinical records provided for my review, a thoracolumbar brace is not medically necessary.