

<b>Case Number:</b>	CM14-0093862		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 due to an unknown mechanism. Diagnoses were bilateral wrist tenosynovitis, right carpal tunnel syndrome, lumbar spine sprain/strain, rule out discopathy. MRI revealed evidence of 4 mm broad posterior central disc protrusion at L4-S1; gastritis. Diagnostic studies were EMG/NCV, which were normal for the lower extremities. MRI of the lumbar spine revealed 4 mm broad posterior central disc protrusion at L5-S1 without evidence of significant spinal stenosis at the thecal sac, tapers naturally at this level. A 2 to 3 mm left and 2 to 3 mm right foraminal disc protrusion at the L4-5, which, together with mild facet arthropathy, resulted in mild bilateral neural foraminal narrowing; mild facet arthropathy at the L4-5 and L5-S1. Past treatments were acupuncture and medications. Physical examination on 05/08/2014 revealed complaints of intermittent moderate low back pain that radiated down the left leg. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature. There was restricted range of motion due to complaints of pain. There was decreased flexion and extension noted. There was a positive straight leg raise test on the right. There were muscle spasms noted. The injured worker ambulated with the use of a cane. Examination of the right wrist and hand revealed tenderness to palpation noted diffusely bilaterally. There was no crepitus. Treatment plan was for a TENS unit to the low back and bilateral wrists/ hand, and back brace. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACK BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The decision for back brace is not medically necessary. The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of back braces. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

**TENS UNIT TO THE LOW BACK AND BILATERAL WRIST/HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation, Galvanic Stimulation, Page(s): 114-116, 121, 118.

**Decision rationale:** The decision for TENS unit to the low back and bilateral wrist/hand is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. Galvanic stimulation is not recommended. It was not reported that the TENS unit was to be used in adjunct to a program of evidence based functional restoration for chronic pain. It was not reported that the injured worker was participating in a home exercise program. The clinical information submitted for review does not provide evidence to justify use of a TENS unit. Therefore, this request is not medically necessary.