

<b>Case Number:</b>	CM14-0094558		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/17/2014
<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 Anesthesiology, has a subspecialty in Pain 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:

Patient is a 26 year old female with 01/16/14 date of injury.09/10/14 progress report states:Patient complains of lower back pain, right upper extremity pain and right ankle pain. Patient rates the pain as 6/10. She states that medications are helping. Medication side effects include constipation. She tolerates the medications well. Patient shows no evidence of developing medication dependency. Quality of sleep is poor. Patient has been experiencing depressive symptoms. Patient states that she feels irritated, fatigued and complains of reduced energy.Current Medications: 1 Hydrocodone-acetaminophen 5-325 SIG: Take 2-3 daily2 Menthoderm Gel SIG: Apply to affected area three times a day3 Gabapentin 600 Mg #904 Senna Laxative 8.6 Mg Tablet5 Orphenadrine Er 100 Mg Tablet SIG: Take 1 tablet(s) by mouth daily6 Tramadol 150 Mg Cmp 25-75 SIG: Take 1 tablet at everyday as needed for pain.7 Colace 50mg capsule: Take 2 twice daily.Objective findings: Lumbar range of motion is restricted to 60 degrees and extension limited to 10 degrees due to pain. Straight leg raise (SLR) positive at 90 degrees in sitting position.Right Knee: Range of motion is restricted. Flexion 95 degrees and extension 170 degrees limited by pain.Ankle: right: Tenderness to the fubulo-calcaneal ligament. Painful range of motion (ROM) with plantar flexion, inversion, and aversion.Tenderness to the dorsal aspect of her right ankle.Neurologic:Motor testing limited by pain; knee flexor strength is 4/5 on right, knee extensor's is 4/5 on right, tibialis anterior is 4/5 on right, flexor haliucis longus is 4/5 on right, extensor hallucis longus is 4/5 on right.Diagnoses: Pain in Joint of Lower Leg; Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified; Arthropathy Not Otherwise Specified of Ankle and Foot.Sensation to light touch decreased over medial foot on the right side.Essentially identical to the abovementioned report, the 06/16/14 report states pain at 10/10 and no sensory abnormalities on neurologic examination. There also is no mention of SLR test and lumbar ROM is stated at 50 degrees.06/16/14 Report states that patient has received

10 sessions of Physical Therapy and 8 sessions of Chiropractic treatment with lack of improvement and persistent symptoms of back pain. Patient has not received physical therapy for her right ankle.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**30 Day DME rental of transcutaneous electrical nerve stimulation (TENS) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS; TENS units Page(s): 114, 116.

**Decision rationale:** Per report dated 06/16/14, the patient is not a candidate for physical therapy or chiropractic treatment, as these modalities were tried and had provided no benefit. TENS is not approved by the guidelines as a standalone modality, and should be used as a part of a rehabilitative program. Due to the lack of documented restoration program for lumbar spine for TENS to be used in conjunction with, the request is not medically necessary.

**Purchase of Lumbar 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 (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** The patient had manifested no signs of instability or listhesis per medical documentation provided. The guideline recommendations for lumbar braces are not met and the medical necessity has not been established.