

Case Number:	CM14-0211504		
Date Assigned:	12/24/2014	Date of Injury:	09/17/2012
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 34 year old female with an injury date of 09/17/14. The 11/17/14 report states the patient presents with neck/cervical pain rated 5/10 with numbness, tingling and weakness in both arms along with mid back/thoracic pain. The patient also presents with lower back pain rated 4/10 radiating bilaterally down the upper leg, hip pain with numbness and tingling down the bilateral upper legs, and tension headache radiating to both sides of the face. The patient is temporarily totally disabled until 12/30/14. Examination reveals worsening moderate taut and tender fibers bilaterally over the cervical and thoracic spine; mild to moderate trigger points over the bilateral lumbar spine; and mild to moderate bilateral hip pain. Kemp's and shoulder depression tests are positive. There is decreased C6 dermatomal sensation of the left arm and decreased L1, L2 dermatomal sensation of the right leg. The patient's diagnoses include: 1. Neck pain/cervical pain. 2. Headache. 3. Mid back/thoracic pain. 4. Lower back/lumbar pain. 5. Sciatica pain. 6. Brachial neuritis. 7. Hip pain MRI lumbar of 07/01/14 is cited as normal by the 09/16/14 AME report included. An MRI of the brain was requested due to face pain and was completed 11/04/14 and showed no abnormalities. The utilization review dated 12/05/14 denied the request for the Lumbar back brace as it does not meet ODG guidelines. Reports were provided for review from 07/14/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with neck pain radiating to the bilateral arms, mid back pain, lower back pain radiating to the bilateral upper legs, hip pain radiating to the bilateral upper legs and headaches with pain radiating to both sides of the face. The current request is for Trial of TENS unit. The RFA is not included. The 12/05/14 utilization review states the request is per the 11/21/14 progress report which is not included for review. Per MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) pages 114-116 state, "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. MTUS further states use is for neuropathic pain. The treater does not discuss the request in the reports provided. The request does not state the length of the trial. The utilization review could only determine the request is for an indeterminate length. The reports provided show that a TENS unit was dispensed to the patient 12/11/14 which is post utilization review. The reports do show the patient is on a home care regimen of home exercises, stretches and heat. In this case, there is no evidence of prior TENS use by this patient. The request is indicated for the neuropathic pain that is documented for this patient and is not a primary treatment modality. However, MTUS allows a one month trial, and the request is for an indeterminate period. The request is not medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, lumbar supports

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 & Thoracic Chapter, lumbar supports

Decision rationale: The patient presents with neck pain radiating to the bilateral arms, mid back pain, lower back pain radiating to the bilateral upper legs, hip pain radiating to the bilateral upper legs and headaches with pain extending to both sides of the face. The current request is for Lumbar back brace. The RFA is not included. The 12/05/14 utilization review states the request is per the 11/21/14 progress report which is not included for review. ACOEM guidelines do not recommend Lumbar brace. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic states, "Recommended as an option for 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)." The treater does not discuss this request in

the reports provided. In this case, the above conditions recommended by ODG are not documented in this patient to support this request. The patient does have non-specific low back pain (LBP), but there is very low-quality evidence to use a lumbar brace for this. Therefore, the request is not medically necessary.