

Case Number:	CM15-0018094		
Date Assigned:	02/05/2015	Date of Injury:	10/25/2009
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 39 year old female, who sustained an industrial injury on 10/25/09. She has reported back, neck, bilateral knees and lower extremity injuries after a fall. The diagnoses have included degeneration of lumbar or lumbosacral disc, displacement of lumbar disc, sprain of neck and pain in joint lower leg. Treatment to date has included medications, diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS), orthopedic consult and acupuncture. Currently, the injured worker complains of persistent neck, low back and bilateral leg pain with pain in both knees and right ankle pain. She complains of numbness and tingling in legs and weight gain. Physical exam revealed decreased cervical and lumbosacral range of motion. There was tenderness to palpation associated with tightness and spasm of the cervical and paraspinal muscles associated with myofascial trigger points at the cervical and lumbosacral paraspinal muscles. There was positive straight leg raising in bilateral legs. The knee exam shows local tenderness and swelling and tenderness in the right ankle joint. The utilization review cited a follow up note dated 1/12/15 which was not present in the records which indicated she had chronic neck, back and lower extremity pain. She had finished acupuncture which helped reduce the pain by 50 percent for 2 days after session. Physical exam revealed positive straight leg raise bilaterally. There were no diagnostic studies or acupuncture sessions noted. On 1/26/15 Utilization Review non-certified a request for Replacement of back brace and Transcutaneous Electrical Nerve Stimulation (TENS) Unit replacement supplies, noting that regarding the replacement of back brace, the medical necessity was not established. Regarding the Transcutaneous Electrical Nerve Stimulation (TENS) Unit replacement supplies, the objective

functional response to the unit is not documented to establish efficacy of treatment. The Official Disability Guidelines (ODG) and (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of 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- Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for replacement of Lumbar Brace is not medically necessary.

TENS Unit replacement supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. The patient did receive TENS unit in August 2014, but there is no documentation of the patient's objective functional response to the unit. Therefore, the prescription of TENS Unit replacement supplies is not medically necessary.