MAXIMUS Federal Services

Case Number:	CM15-0170125		
Date Assigned:	09/10/2015	Date of Injury:	08/24/1996
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 53 year old male who experienced a work related injury on August 24, 1996. Diagnosis is lumbar spondylosis with myelopathy. Treatment has involved arthrodesis of the lower lumbar spine in 2003, medications, physical therapy, TENS unit and a back brace. Request is for one TENS unit and one back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT# 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS guidelines specify criteria for the use of TENS. This includes documentation of pain for at least 3 months, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should

be documented and specific short and long term goals of treatment with the TENS unit should be submitted. Documentation of pain for at least 3 months is evident but there is no documentation indicating that appropriate pain modalities have failed. In fact, progress notes indicated the injured worker is functioning well without restrictions and that the medications are managing the pain. Also, there is no documentation of either the trial period of the TENS unit or specific goals of treatment with the TENS unit. Therefore, request for a TENS unit is not medically necessary and appropriate.

Back Brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's back pain has been present since August 24, 1996. Therefore, the request for a back brace is not medically necessary and appropriate.