

Case Number:	CM15-0175141		
Date Assigned:	09/16/2015	Date of Injury:	02/28/2014
Decision Date:	10/16/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 23 year old male injured worker suffered an industrial injury on 2-28-2014. The diagnoses included lumbar intervertebral disc displacement without myelopathy and lumbar radiculopathy. On 7-30-2015, the treating provider reported low back pain that radiated to the left lower extremity causing tingling in the heel and top of the toe rated as 6 out of 10. He was taking Ibuprofen and Omeprazole. On exam, there were lumbar muscle spasms and range of motion was decreased with loss of sensation. The left straight leg raise was positive. The sacroiliac joints were tender and palpation of both sciatic roots elicits radicular symptoms. Prior treatments included chiropractic 22 sessions and medication. The diagnostics included lumbar x-rays, lumbar magnetic resonance imaging 6-8-2015 and normal electromyography studies 7-8-2015. The Utilization Review on 8-10-2015 determined non-certification/modification for TENS unit lumbar spine and Lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit lumbar spine: 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: The claimant sustained a work injury in February 2014 and continues to be treated for low back pain with left lower extremity radiating symptoms occurring while working on a job site as he was lifting a gait. When seen, pain was rated at 6/10. Physical examination findings included lumbar paraspinal muscles spasms with decreased range of motion. There was decreased left lower extremity sensation and strength. Straight leg raising was positive. There was bilateral sacroiliac joint and sciatic notch tenderness with positive Braggard's testing. Authorization for a lumbar brace and authorization for a lumbar brace and TENS unit were requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.

Lumbar support brace: Upheld

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

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 (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for low back pain with left lower extremity radiating symptoms occurring while working on a job site as he was lifting a gait. When seen, pain was rated at 6/10. Physical examination findings included lumbar paraspinal muscles spasms with decreased range of motion. There was decreased left lower extremity sensation and strength. Straight leg raising was positive. There was bilateral sacroiliac joint and sciatic notch tenderness with positive Braggard's testing. Authorization for a lumbar brace and authorization for a lumbar brace and TENS unit were requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.

