

Case Number:	CM15-0029612		
Date Assigned:	02/23/2015	Date of Injury:	03/07/2007
Decision Date:	04/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on March 7, 2007. He has reported injuries of the lumbar spine and right ankle. His diagnoses include chronic lumbar strain, status post artificial disc of the lumbar spine in 2010. There is no record of recent MRI or radiographs. He has been treated with lumbar-sacral orthosis (LSO) brace, transcutaneous electrical nerve stimulation (TENS), and medications including pain, muscle relaxant, and sleep. On January 13, 2015, his treating physician reports low back pain with bilateral lower extremities symptoms, greater on the right than the left. The pain was rated 7/10. He asked about a new lumbar-sacral orthosis (LSO) brace and transcutaneous electrical nerve stimulation (TENS). He used a lumbar-sacral orthosis 5 days per week. The physical exam revealed lumbar spine tenderness, moderately decreased range of motion, positive right straight leg raise for pain to the foot at 35 degrees, positive left straight leg raise for pain to the distal calf at 40 degrees, meniscus sensation right greater than left lumbar 5 and sacral II dermatomal distributions, and spasm of the paraspinal musculature. His lumbar-sacral orthosis brace no longer fastens. The transcutaneous electrical nerve stimulation (TENS) unit is more than 3 years old and no longer functions. His use of medications was decreased with transcutaneous electrical nerve stimulation (TENS) use. The treatment plan includes replacement of the lumbar-sacral orthosis (LSO) and transcutaneous electrical nerve stimulation (TENS) unit. On February 18, 2015, the injured worker submitted an application for IMR for review of retrospective requests for a lumbar-sacral orthosis (LSO) brace and a transcutaneous electrical nerve stimulation (TENS) unit for the low back. The lumbar-sacral orthosis (LSO) brace was non-certified based

on the lack of documentation of this patient having compression fractures, spondylolisthesis, or instability. The transcutaneous electrical nerve stimulation (TENS) unit was modified to a 30 day trial based on this will allow for the treating provider to evaluate the efficacy of this treatment, including how often the unit was used and outcomes in terms of pain relief and function, should ongoing use be requested. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guideline and ACOEM (American College of Occupational and Environmental Medicine) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for replacement with new LSO brace for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines; low back - lumbar supports.

Decision rationale: In general, the MTUS Guidelines do not recommend the long term use of back braces; however the MTUS Guidelines do not address possible exceptions to this recommendation. ODG Guidelines address this issue in detail and recommend at least a trial of bracing if there is a fracture, instability or an individual in the healing phase of spinal surgery. This individual does not qualify for these exceptional circumstances. The request for the LSO back brace is not consistent with Guidelines and is not medically necessary.

Retrospective request for replacement of TENS unit for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: MTUS Guidelines recommend a 30 day trial of a TENS unit prior to long term use. It is documented that this individual has utilized a TENS unit and there were benefits, however these benefits are not measured or quantified in any meaningful way. It is mentioned that there was diminished medication use, but there is no evidence of this in the medical records reviewed. The request for the re-purchase of a TENS unit is not supported by Guidelines without a re-trial or at least objective quantified evidence of benefits. Under these circumstances the request for the replacement of the TENS unit for the low back is not medically necessary.