

Case Number:	CM15-0063693		
Date Assigned:	04/09/2015	Date of Injury:	09/04/2014
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: Georgia, California, Texas
 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 63 year old male, who sustained an industrial injury on 09/04/2014. He has reported injury to the low back. The diagnoses have included back pain; rule out lumbar intra-discal component; and rule out lumbar radiculopathy. Treatment to date has included medications, diagnostics, heat/cold, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, and home exercises. Medications have included Ibuprofen, Tramadol, Anaprox, and Cyclobenzaprine. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with right lower extremity symptoms; pain is rated at 8/10 on the visual analog scale; and physical therapy and using the TENS unit did facilitate diminution of medication consumption. Objective findings included tenderness of the lumbar spine; spasm of the lumboparaspinal musculature; and decreased lumbar range of motion. Request is being made for Retrospective TENS unit for the lumbar spine (dispensed on 01/15/2015); and for Retrospective Lumbar-Sacral Orthosis (LSO, dispensed on 01/15/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for a TENS Unit for the Lumbar Spine (dispensed on 1/15/2015):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and TENS Sections Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: MTUS recommends a one month trial of home TENS as a conservative option to be used as an adjunct to a program of evidence-based functional restoration, but does not recommend purchase of a TENS unit unless specific criteria are met: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is 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 (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. Per office notes, pain has been present for greater than 3 months and persists despite medications and a course of physical therapy. The duration of previous TENS trial is unclear from the submitted documentation and it is also unclear whether the benefit described with previous TENS use was following use in therapy versus at home. Frequency of use was not documented. The treating physician stated that TENS resulted in "decreased medication use" but did not otherwise provide any details concerning response to previous TENS use. Per office notes, goals of TENS use include "to facilitate diminution of pain and improve tolerance to activity". Due to insufficient documentation of an adequate one month trial of home TENS, medical necessity is not established for purchase of a TENS unit per MTUS criteria. Therefore, the requested medical treatment is not medically necessary.

Retrospective Request for a Lumbar-Sacral Orthosis (LSO, dispensed on 1/15/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Back Brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: In its section on Physical Methods, ACOEM Guidelines Low Back chapter states that Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Table 12-8 lists corsets for treatment as Not Recommended. A lumbar MRI performed in this case revealed normal alignment and did not identify fracture. Study was interpreted as consistent with central disc protrusions at L3-4 and L4-5 with mild central canal narrowing, as well as L5-S1 facet joint hypertrophy. No back surgery is documented. In the absence of documented fracture or instability, medical necessity is not established for the requested LSO (lumbosacral orthotic) brace. Therefore, the requested medical treatment is not medically necessary.