Case Number:	CM15-0064914		
Date Assigned:	04/13/2015	**Date of Injury:**	02/24/2014
Decision Date:	05/18/2015	**UR Denial Date:**	03/31/2015
Priority:	Standard	**Application Received:**	04/06/2015

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: Internal 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 53 year old female, who sustained an industrial injury on 2/24/2014. She reported injury to her cervical spine, bilateral shoulders, thoracic spine, lumbar spine, and hips after a fall while attempting to sit on a chair that had wheels. The injured worker was diagnosed as having cervical spine and lumbar spine musculoskeletal sprain/strain. Treatment to date has included medications, x-rays, physical therapy, left shoulder surgery, and work restrictions. The request is for head and lumbar support for ergonomic high back chair, TENS unit, supplies, patches, and battery. On 3/19/2015, she complained of persistent neck, back, and left shoulder pain. She reports being able to perform her current job duties, however her office chair lacks low back and neck support. The treatment plan included: request for neck and lumbar support for ergonomic high back chair, and continue limited duty work. The records contain several documents dated after the UR of 3/31/2015. The records indicate physical therapy to have been slightly helpful in pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, supplies, patches, battery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulator).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 203, 300, 308-310,Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-117. Transcutaneous electrotherapy Page 114-117. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neuro-stimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that physical modalities, such as transcutaneous electrical neuro-stimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neuro-stimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Medical records document neck, back, and shoulder complaints. MTUS, ACOEM, and ODG guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for neck, back, and shoulder conditions. Therefore, the request for TENS unit is not medically necessary.

Head and lumbar support for ergonomic high back chair: 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), Knee & Leg (updated 02/27/15) - Online Version, Durable Medical Equipment (DME) http://www.ncbi.nlm.nih.gov/pubmed/16801232ODG- Low Back (updated 03/24/15) - Online Version, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Ergonomics. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME). ACOEM 3rd edition Low back disorders (2011) http://www.guideline.gov/content.aspx?id=38438.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) indicates that lumbar supports have not been shown to have any lasting benefit. ACOEM 3rd edition (2011) indicates that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Official Disability Guidelines (ODG) indicates that durable medical equipment (DME) generally is not useful to a person in the absence of illness or injury. Environmental modifications are considered not primarily medical in nature. Official Disability Guidelines (ODG) indicates that there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. Medical records document a history of neck and low back complaints. MTUS and ACOEM guidelines do not support the request for head and lumbar support for ergonomic high back chair. ACOEM 2nd Edition (2004) indicates that lumbar supports have not been shown to have any lasting benefit. ACOEM 3rd edition (2011) indicates that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Official Disability Guidelines (ODG) indicates that environmental modifications are considered not primarily medical in nature. Official Disability Guidelines (ODG) indicates that there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. Therefore, the request for head and lumbar support for ergonomic high back chair is not medically necessary.