

Case Number:	CM15-0093110		
Date Assigned:	05/19/2015	Date of Injury:	07/16/2013
Decision Date:	06/24/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/14/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 07/16/2013. The original report of injury was not included in the records received. The injured worker was diagnosed as having lumbar sprain/strain and lumbar spine herniation. Treatment to date has included topical medications, therapeutic exercise, transcutaneous electrical nerve stimulation (TENS) unit (see note of 03/18/2015), and trigger points impedance imaging with Localized Intense neurostimulation Therapy (LINT) procedure (04/14/2015). Currently, the injured worker complains of occasional moderate achy neck, upper back, and bilateral shoulder pain with constant mild achy low back and wrist pain. Objective findings are normal range of motion of the cervical, thoracic, lumbar spine, bilateral shoulders and bilateral wrists. Straight leg raise is negative. Fabere is positive on the right. There is tenderness to palpation of the acromioclavicular joint bilaterally with a slightly diminished flexion in the left shoulder but otherwise normal range of motion bilaterally. The treatment plan included a functional capacity evaluation and physical therapy. A request for authorization is placed for a lumbar sacro brace (purchase) and TENS unit 1 month trial with supplies (electrodes, 36 units; Lead wires, 2 units; batteries purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 1 month trial with supplies (electrodes, 36 units; Lead wires, 2 units; batteries purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. I am reversing the previous utilization review decision. TENS unit 1 month trial with supplies (electrodes, 36 units; Lead wires, 2 units; batteries purchase) is medically necessary.

Lumbar sacro brace (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Lumbar sacro brace (purchase) is not medically necessary.