

Case Number:	CM15-0099085		
Date Assigned:	06/01/2015	Date of Injury:	03/10/2015
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

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 33-year-old male, with a reported date of injury of 03/10/2015. The diagnoses include lumbar sprain/strain with facet syndrome. Treatments to date have included an x-ray of the lumbar spine on 03/10/2015 which showed no fracture and normal films; and oral medication. The medical report dated 04/08/2015 indicates that the injured worker had pain in the neck and back. After the industrial injury, the injured worker fell due to a balance disturbance, which caused injury to his low back. The pain and spasms in the low back had not been previously addressed. He rates his pain in the low back 5 out of 10. The physical examination showed tenderness to palpation of the lumbar paravertebral adjacent to the lumbar facet joints and lumbar paraspinal musculature, and positive facet loading bilateral tenderness to palpation adjacent to L5-S1. The treating physician requested the purchase of a TENS (transcutaneous electrical nerve stimulation) unit, LSO brace, and Hot and Cold Ice unit for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, 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, and a treatment plan including specific short and long term goals of treatment. The injured worker has a request for physical therapy and occupational therapy pending. The guidelines recommend that TENS should be used in conjunction with other treatment modalities and is not meant to be the sole treatment modality. Pending approval of physical therapy and occupational therapy, the request for TENS Unit is determined to not be medically necessary.

LSO Brace: 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). Elbow.

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The available documentation does not reveal lumbar instability. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for LSO brace is determined to not be medically necessary.

Hot/Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Cold/Heat Packs Section.

Decision rationale: MTUS guidelines support the use of at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG supports the use of cold-packs as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. The guidelines point out that there is no distinction made between commercially made packs and those available over the counter. The request for Hot/Cold Unit is determined to not be medically necessary.