

Case Number:	CM14-0209859		
Date Assigned:	12/22/2014	Date of Injury:	09/08/2004
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65 year old male with chronic back pain. He complains of pain, usually on a level of 2-3/10 but he can flare to pain as great as 10/10. He utilizes as needed Mobic, Soma, and Valium. The x-rays reveal multi-level degenerative joint disease. The lumbar MRI recently revealed multilevel disc extrusions with mild foraminal/recess stenosis at L4-L5 and L5-S1. The physical exam reveals mildly diminished lumbar range of motion in extension with an intact lower extremity neurologic exam. The diagnoses are lumbar sprain and lumbar disc disease. At issue is a request to purchase a TENS unit and a lumbar support. Utilization review denied the TENS unit purchase as there was no preceding trial with same. The lumbar brace was denied on the basis that the injured worker was beyond the acute phase of injury and therefore the brace would have been more for prevention than treatment of back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports

Decision rationale: Per guidelines, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this instance, the injured worker has pain which is chronic and punctuated by flares. A lumbar brace would therefore be used for treatment in this context and is therefore medically necessary.

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

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

Decision rationale: Criteria for the use of TENS: 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; - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, there was no preceding trial with a TENS unit with documentation as to how often the unit was used, pain and functionality outcomes, and medication use patterns. A treatment plan similarly has not been included for review. Consequently, purchase of a TENS unit is not medically necessary per the referenced guidelines.