

Case Number:	CM13-0010868		
Date Assigned:	11/08/2013	Date of Injury:	03/30/2006
Decision Date:	08/08/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male who reported an injury on 03/30/2006. The mechanism of injury was not submitted in report. He is postoperative status lumbar laminectomy 11/2009. Progress note dated 01/30/2014 showed that the injured worker complained of bilateral lower extremity pain. He also stated that he had continuous pain in his calves bilaterally. Physical examination revealed that the injured worker was slightly tender to palpation over his lower paraspinals bilaterally and was tender to palpation over the left greater trochanter. Diagnostics include an EMG/nerve conduction study impression. The EMG showed findings that were consistent with an L5 chronic radiculopathy on the left side. The injured worker has diagnoses of failed back surgery syndrome and lumbar radiculopathy in bilateral L4 distribution. Past treatment includes transforaminal epidural steroid injections, physical therapy, and medication therapy. Medications include Norco 10/325 three times a day, amitriptyline 50 mg at bedtime, muscle relaxer (it is not identified which muscle relaxer) and ibuprofen. The current treatment plan is to continue medication, continue home exercise program, daily walking, a physiology evaluation, as the injured worker is depressed and is not able to realize full benefit of his pain management and consideration of bilateral L5 transforaminal epidural steroid injection. The request is for a TENS unit 4-head purchase with supplies and Activloc lumbar brace. The rationale and the Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS4 TENS UNIT (4-HEAD) PURCHASE WITH SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of bilateral lower extremity and bilateral calve pain. No measurable pain documented in submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Rental would be preferred over purchase during this 30-day. These units are not recommended by MTUS for they are primarily used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Given the above guidelines, the injured worker is not within guidelines for the purchase of a TENS unit. There was a lack of documentation of the injured worker's pain for the past 3 months. The reports lacked evidence that there had been other attempts of pain relief for the injured worker. No documentation of conservative care therapy attempted and failed. The only notations on medications were vague and failed to note duration. Furthermore, the guidelines stipulate that the initial trial of a TENS unit be a rental for a time period of 30 days with proper documentation of proposed necessity. The request does not specify where the unit will be used, nor does it indicate why a 4 lead unit is needed instead of the recommended 2 lead. Therefore, the request for RS4 TENS unit (4-head) purchase with supplies is not medically necessary and appropriate.

ACTIVLOC HPB LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The injured worker complained of bilateral lower extremity and bilateral calve pain. No measurable pain documented in submitted report. CA MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. Given that the injured worker is no longer in the acute phase of symptom relief, the request does not meet the CA MTUS/ACOEM Criteria Guidelines. Furthermore, it is noted above that the use of back braces may lead to deconditioning of the spinal muscles. Therefore, the request for Activloc HPB lumbar brace is not medically necessary and appropriate.

