

Case Number:	CM13-0011811		
Date Assigned:	11/27/2013	Date of Injury:	08/14/2009
Decision Date:	04/17/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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 Family Practice and is licensed to practice in California. 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 patient is a 39-year-old male who reported injury on 08/14/2009. The mechanism of injury was noted to be the patient had a back injury while pushing a pallet. The documentation submitted for review dated 08/26/2013 revealed the patient had complaints of intermittent neck pain and constant low back pain. The patient's current medications were noted to be Lyrica 150 mg. The physical examination revealed the patient had a progressive neurologic deficit with weakness in the extensor hallucis longus bilaterally, and a sensory deficit at L5 dermatomes bilaterally. The patellar tendon reflex was decreased. The patient's diagnoses were noted to include status post lumbar spine AP fusion L5-S1 on 07/14/2010, solid, mild degenerative Final Determination Letter for IMR Case Number [REDACTED] 3 changes and transitional hypertrophy of the facet joints at L4-5, poor exercise tolerance with weight gain, and thoracic spine musculoligamentous sprain/strain. The treatment plan included an MRI of the lumbar spine, a CT scan of the lumbar spine, and a pro TENS unit with conductive garments and supplies for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPPLIES FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary treatment is not medically necessary, none of the associated services are medically necessary.

CONDUCTIVE GARMENT X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary treatment is not medically necessary, none of the associated services are medically necessary.

X-FORCE STIMULATOR UNIT, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), Page(s): 114-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 115-116.

Decision rationale: The California MTUS Guidelines recommend a 1 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 3 months of pain and evidence that other appropriate pain modalities have been tried, including medications, and have failed. The clinical documentation submitted for review failed to indicate the patient had a trial of a TENS unit to support the necessity for a purchase. The request for X-Force Stimulator Unit purchase is not medically necessary and appropriate.