

Case Number:	CM13-0012135		
Date Assigned:	09/26/2013	Date of Injury:	07/25/2012
Decision Date:	11/07/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational Medicine, 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:

Patient is a 64 year-old female with date of injury 07/25/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/22/2014, lists subjective complaints as pain in the low back and left buttock. An MRI of the lumbar spine (date not recorded) was notable for mild disk narrowing with no protrusion at L3-4, L4-5, and L5-S1, and significant bilateral facet disease advanced in the lower levels, especially L5-S1, L4-5 and L3-4. Objective findings: Examination of the lumbar spine revealed mild spasm of the left latissimus dorsi. Range of motion was restricted in flexion and extension by about 50%. It was noted that pressure on the facet joint on the left at L3-4, L4-5 and L5-S1 caused pain that went directly to the hip. Patient claimed it mimics the pain she has on a regular basis. Kemp's test was positive. Patient had a very tender point between the left greater trochanter and the great posterior iliac crest over the sciatic notch. Decreased sensation and pain in the L4 and L5 nerve distribution on the left. Positive leg lift on the left at 30 degrees and negative on the right. Diagnosis: 1. Left facet disease by patient's history, physical exam, and MRI findings. It shows definite leading symptoms that are consistent with facet disease on the left 2. Piriformis syndrome with pain directly over the piriformis notch, which caused complete duplication of the pain going down her leg. Patient has been approved for facet blocks bilaterally and for left piriformis sciatic nerve block.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.

A-Stim unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Electrical stimulators

Decision rationale: According to the Official Disability Guidelines, the A-Stim device is not recommended. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. An A-Stim device is not medically necessary.