

Case Number:	CM13-0018783		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2010
Decision Date:	01/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 underlying date of injury in this case is 02/05/2010. The primary diagnosis is a lumbar sprain. The initial mechanism of injury is that this is a 25-year-old man who reported low back pain hyperextending his back while helping a partner hold on to a 150-pound wall. Treating physician notes report herniated nucleus pulposus with spondylosis and instability at L4-L5 with facet arthropathy as well as an improving left lower extremity radiculopathy with some initial weakness in the left extensor hallucis longus and tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

An X-force stimulator 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 Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: This requested device is a combination device offering both transcutaneous electrical nerve stimulation and transcutaneous electrical joint stimulation. The Chronic Pain Medical Treatment Guidelines addresses electrical modalities individually and not as combination devices. The Chronic Pain Medical Treatment Guidelines states regarding

transcutaneous electrical nerve stimulation that 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 for neuropathic pain. This patient may meet the criteria for rental of a TENS unit but does not meet the criteria for purchase of a TENS unit. Additionally, the guidelines do not support a multimodality stimulator device. The request for an X-force stimulator is not medically necessary and appropriate.

conductive garments: Upheld

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

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

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary

A kronos lumbar pneumatic 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): 301.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records in this case do not provide an alternate rationale to support an indication for this lumbar brace. The request for a kronos lumbar brace is not medically necessary and appropriate.

Three months of TENS supplies: Upheld

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

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

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

lead wires: 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 Since the primary item is not medically necessary, none of the associated items are medically necessary..

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

replacement batteries: Upheld

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

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

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