

Case Number:	CM13-0022604		
Date Assigned:	11/13/2013	Date of Injury:	02/12/2009
Decision Date:	01/15/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, Pulmonary Diseases, 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 patient is a 55-year-old male who reported an injury on 02/12/2009 when he was reported to have been involved in a motor vehicle accident in which his truck rolled. The patient is noted to have developed pain radiating from his low back to his right hip and leg with numbness in the right foot after the date of injury and is noted to have undergone a L4 through S1 lumbar fusion on 05/08/2012. An evaluation by [REDACTED] dated 07/18/2013 reported the patient complained of pain in the lumbar spine with radiation to the hips and buttocks, right greater than left, into the right thigh, kneecap, and foot. The patient is reported to have treated previously with physical therapy, medications, chiropractic treatment, and electrical stimulation without improvement. On physical examination, the patient is noted to have midline surgical scar, moderate tenderness to palpation with facet tenderness to palpation over L4-S1. He is noted to have a positive seated straight leg raise bilaterally at 60 degrees on the left and 70 degrees on the right, a positive supine straight leg raise at 50 degrees on the right and 60 degrees on the left. The patient is noted on sensory examination to have decreased sensation in the L4, L5, and S1 dermatomes bilaterally. He is noted to have 4/5 strength of the right big extensor and 4/5 strength of the bilateral knee flexors and extensors. Deep tendon reflexes were 1+ at the knees and ankles bilaterally. The patient is reported to have also treated with epidural steroid injection and facet injections without improvement of his pain. A recommendation has been made for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 101 and 107. Decision based on Non-MTUS Citation Office Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The patient is a 55-year-old male who reported an injury to his low back on 02/12/2009 when he was involved in a motor vehicle accident. The patient is noted to have undergone a fusion in 05/2012 at L4 through S1 and is reported to complain of ongoing low back pain with radiation of pain to both hips and radiation down the right lower extremity to the foot. He is noted to have treated conservatively with physical therapy, chiropractic treatments, medications, epidural steroid injections, and facet injections without improvement and is being considered for a spinal cord stimulator trial. On physical examination, the patient is reported to have low back pain with decreased range of motion. He is noted to have decreased strength of the bilateral lower extremities and knee flexors and extensors and of the right big toe flexor. He is also noted to have decreased sensation to the bilateral lower extremities in the L5-S1 dermatomes. The California MTUS Guidelines recommend a spinal cord stimulator trial for patients diagnosed with failed back syndrome, having persistent pain, who have undergone at least 1 previous back surgery, and it is noted to be more helpful for lower extremity pain than for low back pain although both stand to benefit. They recommend prior to a spinal cord stimulator trial, a presurgical psychological consultation should be performed. The patient is reported to have treated with psychiatric therapy in 2012; however, no psychotherapy evaluation has been submitted for review indicating that the patient is good candidate for a spinal cord stimulator trial. As such, the requested spinal cord stimulator trial does not meet guideline recommendations. Based on the above, the spinal cord stimulator trial is non-certified.

TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is a 55-year-old male who reported an injury to his low back on 02/12/2009 when he was involved in a motor vehicle accident. He is noted to have undergone a lumbar fusion in 05/2012 at levels L4 through S1. He is reported to complain of ongoing low back pain with radiation of pain to the bilateral hips and pain to the right leg down to the foot. He is noted on physical examination to have decrease strength of the bilateral knee flexors and extensors and the right great toe flexors. He has decreased sensation in the bilateral L4, L5, and S1 dermatomes. A request was submitted for a TENS unit and supplies. California MTUS Guidelines recommend use of a TENS unit with documentation of pain of at least three (3) months duration when there is evidence that other appropriate pain modalities have been tried

including medications and failed after a one (1) month trial of a TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach documenting how often the unit is used as well as the outcomes in terms of pain relief and improved function. As the patient is not noted to have undergone a one month trial period of a TENS unit as an adjunct to physical therapy and there is no documentation of how often the patient used the unit, or the amount of pain relief and improvement of function the patient received, nor is there any indication that the patient's use of medications decreased. The request for a purchase of a TENS unit and supplies does not meet guideline recommendations. Based on the above, the requested TENS unit and supplies is non-certified.