MAXIMUS Federal Services

Case Number:	CM13-0024421		
Date Assigned:	11/20/2013	Date of Injury:	04/13/2013
Decision Date:	01/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery 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 15-year-old injured worker who injured their back while moving a heavy pallet at work. The patient has complaints of chronic low back pain, bilateral hip pain radiating to the legs. The symptoms are aggravated by walking standing, sitting and stooping. Past medical history does not reveal any significant medical problems. There are no prior history of spinal surgery. Physical examination reveals lumbar paraspinal muscle tenderness. There is no deformity of the lumbar spine and there is no neurologic abnormality other than decreased sensation to the right leg noted on physical examination. The dermatomal distribution of the decreased sensation is not accurately described in the records. Normal motor function is documented and reflexes are normal. The patient underwent nerve conduction study that demonstrated decreased amplitude in the right peroneal nerve. For all nerves tested with normal nerve conduction findings. The patient refused EMG examination. The patient had an MRI of the lumbar spine performed in August of 2013; the MRI demonstrated degenerative disc condition at L2-L3, L4-5 and L5-S1. 25 percent loss of vertebral body height at L3 and the superior endplate shmorl's node was noted. There was no abnormal marrow signal in L 3 to indicate acute or subacute fracture and there is no evidence of spinal stenosis. The patient is noted to have congenitally short pedicles with mildly decreased diameter of the spinal canal. At L5 S1-1 3.5 mm was present which produces canal narrowing and foraminal narrowing. At issue is whether or not any TENS unit for 6 months it is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental for six months of a TENS unit and supplies for the lumbar spine: 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): 114.

Decision rationale: The patient does not have a diagnosis that meets MTUS criteria for use for the recommended type of pain condition (Phantom limb, neuropathic. Spasticity, MS) Additionally, there is no documentation of an adequate trial of conservative measures to include physical therapy, as well, there is no documentation of a functional restoration program in use for the treatment of LBP. Additional measures for the treatment of degenerative lumbar back pain must be trying therapy for the use of a TENS unit. A TENS unit is not recommended as a primary treatment modality. The request for a TENS unit rental for six months with supplies for the lumbar spine is not medically necessary and appropriate.