

Case Number:	CM13-0025964		
Date Assigned:	12/11/2013	Date of Injury:	12/12/2006
Decision Date:	02/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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.

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 57-year-old female who reported an injury on 12/12/2006. The patient is diagnosed with paraparesis, lumbar spinal stenosis, chronic low back pain with radiation to the bilateral lower extremities, left L3-4 lumbar radiculopathy, bilateral L5 radiculopathy, neuropathic pain of bilateral lower extremities, possible arachnoiditis, neurogenic bowel, gait and balance dysfunction, impaired activities of daily living, impaired mobility skills, anxiety, and pain in shoulder blades and shoulders. The patient was seen by [REDACTED] on 12/03/2013. The patient reported continued low back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness over the scapular muscles on both sides, markedly diminished sensation at the medial and lateral aspect of bilateral lower extremities, paraparesis with left side being weaker than the right side, and no leg edema. Treatment recommendations included continuation of current physical therapy, continuation of electric acupuncture, continuation of caregiver services, transportation, continuation of TENS unit for pain management, continuation of NMES, chuk menstruation pads with baby wipes, and large size reusable and disposable ice packs to the lower back and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use with electrodes, batteries times 8 and rechargeable machine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 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 should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, there is no evidence of a 1 month trial period of a TENS unit with documented pain relief and improved function. Therefore, the purchase of a TENS unit cannot be determined as medically appropriate. As such, the request is non-certified.

Electrical pads times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 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 should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, there is no evidence of a 1 month trial period of a TENS unit with documented pain relief and improved function. Therefore, the purchase of a TENS unit cannot be determined as medically appropriate. As such, the request is non-certified.

Neuromuscular electrical stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. The patient does not currently meet criteria for the use of a neuromuscular electrical stimulation unit. Therefore, the request is non-certified

Baby wipes, gloves, chuk menstruation pade with wings for unspecified amount and duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The medical necessity for the requested durable medical equipment has not been established. As guidelines do not recommend bathroom and toilet supplies as a medical necessity, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Right ankle foot orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. As per the clinical notes submitted, the patient does not maintain a diagnosis of metatarsalgia or plantar fasciitis. The patient's physical examination only revealed diminished sensation with tenderness to palpation of the lumbar spine. The patient is currently participating in active physical therapy and aquatic therapy for bilateral upper and lower extremities. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

Large size and reusable and disposable ice packs for unspecified amount and duration:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/heat packs, Shoulder Chapter, Coldpacks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapist. The patient's at home applications of heat or cold packs may also be used before or after exercises for the shoulder, and are as

effective as those performed by a therapist. As per the clinical notes submitted, the large size reusable and disposable ice packs were requested for the lower back and right shoulder. However, physical examination only revealed tenderness to palpation over the scapular muscles on both sides with diminished sensation in bilateral lower extremities. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.