

Case Number:	CM13-0026426		
Date Assigned:	12/18/2013	Date of Injury:	07/08/1995
Decision Date:	03/18/2014	UR Denial Date:	09/09/2013
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 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:

This is a 58-year-old male patient who reported an injury on 07/08/1995 in which he injured his low back. The mechanism of injury was not provided. The patient is status post right L5-S1 microdiscectomy. In clinical note dated 08/24/2012, the patient was diagnosed with lumbar spinal stenosis and recurrent lumbar radiculopathy. Also, the patient had completed 12 visits of physical therapy. Medication listed was Norco (dosage and frequency not provided). On physical examination, the patient showed improvement with extension at 20 degrees and bending at 70 degrees. On 04/05/2013, the patient continued having back pain although there was improvement with a TENS unit and the patient was to transition home with an exercise program and Tylenol. In the consulting physician's progress report dated 10/23/2013, the patient reported feeling better and attributed this to being off work for 2 months. The patient then returned to work and prescribed Tramadol. Treatment plan was to consider epidurals. In the same report dated 10/23/2013, an unofficial MRI revealed a mild disc bulge and facet arthropathy with mild central canal and lateral recess stenosis at L3-4; at L4-5, there is a mild bilateral foraminal stenosis secondary to disc degeneration with an annular bulge that did not compress the exiting L4 nerve roots; also revealed is advanced facet arthropathy at the same level; there was no neural impingement or spinal canal stenosis at the remaining levels; there was transition of morphology at the L5 level with partial sacralization; also, a mild levocurvature at the L4-5 level; diagnoses lumbar spinal stenosis and recurrent lumbar radiculopathy, right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retro request for a 4 month rental of nexwave combo unit with electrodes and batteries (IF unit with neuromuscular unit and tens unit) for the lumbar spine DOS 3/27/13-7/27/13:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, online version, Sections on Low Back and Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116-118-121.

Decision rationale: California MTUS Guidelines state that a TENS Unit is commonly used for pain control; however, the Guidelines also state that an Interferential device and NMES device are not recommended. The documentation did not suggest any significant functional and neurological deficits and did indicate improvement; however, the rental of a 4 month period exceeds guideline recommendations of a 1 month rental. Therefore, the retro request for a 4 month rental of nexwave combo unit with electrodes and batteries (IF unit with neuromuscular unit and TENS unit) for the lumbar spine DOS: 3/27/13-7/27/13 is non-certified.