

Case Number:	CM13-0028339		
Date Assigned:	11/27/2013	Date of Injury:	03/01/2012
Decision Date:	02/06/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/23/2013

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 has a subspecialty in Interventional Spine 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 claimant is a 45-year-old gentleman who was injury in a work related accident on March 29, 2007 sustaining injury to the lumbar spine. Records include a followup report with treating orthopedic surgeon [REDACTED] of October 10, 2013 giving the claimant the diagnosis of status post lumbar fusion with lumbar spine radiculopathy. His examination on that date demonstrated tenderness noted over the Personal Spine Information Service area with paraspinous muscle guarding, diminished range of motion and positive straight leg raising. It states that medications offer only temporary relief of his pain. Other than medication management, no other form or recent or current treatment is noted. A prior authorization request from [REDACTED] in this case of August 19, 2013 indicated the need of a TENS device. It is noted his previous fusion occurred at the L5-S1 level in February of 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment TENS(or equivalent) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, the use of a TENS device or "equivalent" for the claimant's lumbar spine would not be supported. In the chronic pain setting, TENS devices are only indicated in documented evidence of failed conservative measures. It should also only be indicated as a program of evidence based functional restoration as an adjunct. The records in this case currently only support the use of medication management, but there is no other indication of recent treatment modalities being rendered dating back to the claimant's surgical process of 2009. The acute need of a TENS device at this chronic stage in the claimant's clinical course of care in absence of documented other forms of treatment would not be indicated.