

Case Number:	CM13-0041089		
Date Assigned:	12/20/2013	Date of Injury:	08/21/2001
Decision Date:	02/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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 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. 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 52-year-old female who reported an injury on 08/21/2001. The mechanism of injury was not provided. The patient indicated that the implanted stimulator was causing discomfort due to it being bigger than the one she had before per the PR-2 dated 09/19/2013. The patient was noted to have intact light touch sensation on the left anterior thigh, left lateral calf and left lateral ankle. The patient's diagnoses were noted to be lumbar spine disc rupture with radiculopathy and status post spinal cord stimulator implantation. The request was made for a conductive garment, a lumbar home exercise kit and an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 368.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines recommend low stress aerobic activities after the first 2 weeks and careful stressing exercises within the normal range of motion to help avoid restriction of motion. Additionally, as the

patient's injury was noted to be in 2001, there is a lack of documentation indicating that the patient was not responsive to a home exercise program as the patient should be well-versed in a home exercise program. There was a lack of documentation indicating the components of the exercise kit. As such, the request for 1 lumbar exercise kit is not medically necessary.

1 conductive garment lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines indicate that a form-fitting TENS device is medically necessary when there is documentation of a large area that requires stimulation so that a conventional system cannot accommodate the treatment. While it was not indicated that the request was for a form-fitting device, there was a lack of documentation, regarding the patient's necessity for a form-fitting device and the type of form fitting device that was being requested, as such, the application for the TENS unit conductive garment was applied. Additionally, there was a lack of documentation indicating the rationale for the use of the conductive garment. Given the above, the request for 1 conductive garment (lumbar) is not medically necessary.