

Case Number:	CM13-0044891		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2012
Decision Date:	04/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 underlying date of injury in this case is August 14, 2012. The primary diagnoses includes multilevel lumbar degenerative disc disease, L5-S1 herniated disc, L4-S1 stenosis, low back pain, and bilateral lower extremity radiculopathy. On October 25, 2013, the patient's treating spine surgeon saw the patient in reevaluation regarding multilevel lumbar degenerative disc disease with bilateral lower extremity radiculopathy. The patient was noted to have paravertebral muscle spasm, left greater than right, with trigger points left greater than right. The patient had slight weakness in right great toe extension and in the right gastrocnemius. The patient had decreased sensation in the right lower extremity, although this was not further specified. Straight leg raising was positive on the right sitting and standing. The treating physician noted that it was important that the patient have additional physical therapy sessions as this has allowed the patient to improve somewhat, although the physician opined that more improvement would occur with additional physical therapy. The treating physician also recommended authorization for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 99..

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section recommends transition to an independent home rehabilitation program. The medical records at this time note improvement from past physical therapy but do not document or rationale as to why additional supervised therapy would be necessary or superior to a continued home rehabilitation program. Therefore, at this time the medical records and guidelines do not support this request. This request is not medically necessary.

THREE (3) MONTH RENTAL OF AN X-FORCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY. Page(s): 114..

Decision rationale: An Ex-Force unit is a combination unit including both transcutaneous electrical joint stimulation and transcutaneous electrical nerve stimulation. The Chronic Pain Medical Treatment Guidelines do not recommend multimodality units and does not discuss transcutaneous electrical joint stimulation in general. With regard to the TENS component, which is the component discussed in the treating physician notes, the MTUS recommended an initial 1-month home trial with purchase to be considered based upon functional improvement from a TENS for neuropathic pain. The medical records do not discuss the results of a past home trial, and overall the guidelines would not support a 3-month rental as requested currently. Therefore, this request is not medically necessary.