

Case Number:	CM13-0059521		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2003
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 injured worker is a 48-year-old male who reported an injury on 10/01/2003. The mechanism of injury was not stated. Current diagnoses include discogenic low back pain, mechanical low back pain, and status post decompression with lumbar laminectomy at L4-5. The injured worker was evaluated on 10/09/2013. The injured worker reported persistent lower back pain with radiation to the right lower extremity. The injured worker was working full-time. Prior conservative treatment was not mentioned. Physical examination revealed guarding, stiffness, an antalgic gait, limited range of motion, diminished strength, and tenderness to palpation. Treatment recommendations included authorization for a weight watchers program, and a TENS unit with 1 year supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES X (1) YEAR: Upheld

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

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. The current request for a TENS unit for 1 year greatly exceeds guideline recommendations for an initial 1-month home-based TENS trial. As such, the request cannot be determined as medically appropriate. Therefore, the request is non-certified.

██████████ **PROGRAM X 3-6 MONTHS:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The injured worker's body mass index was also not provided for review. The medical necessity has not been established. Therefore, the request is non-certified.