

Case Number:	CM13-0065653		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2013
Decision Date:	05/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice 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 patient is a 40-year-old male who reported an injury on 10/15/2013. The mechanism of injury was noted to be the patient was patrolling on foot, walking backwards when he tripped on a plastic plumbing tube and fell sideways to the right side and impacted his low back and left hip on the ground. The patient's history indicated there was a history of bilateral avascular necrosis with an open reduction and internal fixation and fracture of the mid back in 2009. The patient was noted on physical examination to have +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 through S1, multi fundus, and right piriformis muscle. The patient's range of motion was noted to be decreased and painful. The Kemp's test was positive bilaterally. The straight leg raise test was positive on the right and the Braggard's test was positive on the right. The right Achilles reflex was decreased. The L5 and S1 dermatomes were decreased on the right to light touch. The patient's diagnoses were noted to include lumbar disc displacement with myelopathy, sciatica, tendinitis/bursitis of bilateral hips, and bilateral hip sprain/strain. The treatment plan was noted to include physical medicine for 12 visits with continuation dependent upon functional improvement, a multi interferential stimulator with a 1-month rental to decrease pain and muscle spasm. The physician indicated the request was for a MultiStim unit due to other treatments already having been attempted, continued pain over 3 months, and planned ongoing treatments. The physician additionally requested a lumbosacral orthosis for the patient to stabilize the lumbar spine and promote healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (PURCHASE OR RENTAL): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation Page(s): 115, 116, 118.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review indicated that the patient had complaints of constant severe pain described as burning and aggravated by sitting. The patient had complaints of bilateral hip pain. The patient was noted to have been under treatment and was noted to be in the acute stage of treatment. The physician indicated that other treatment had been attempted and the patient had continued pain for over 3 months and a multi interferential unit was to be used for one month to decrease pain and muscle spasms. The request that was submitted was for a TENS unit, without requesting the Interferential stimulation portion of the unit as per the physician's note. The request as submitted failed to indicate either purchase or rental for 30 days. Given the above, and the lack of clarity, the request for a TENS unit (purchase or rental) is not medically necessary.

2 MONTHS OF ELECTRODES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested TENS unit was not supported by the documentation, the associated supplies are not supported.

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM Guidelines indicate that a lumbar support has not been shown to have lasting benefit beyond the acute phase of symptomatic relief. Additionally, the continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for a lumbar brace is not medically necessary.