MAXIMUS Federal Services

Case Number:	CM13-0069905		
Date Assigned:	01/08/2014	Date of Injury:	10/29/2012
Decision Date:	05/22/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 42 year old female who reported an injury on 10/29/2012 to her lower back from a lifting injury. Clinical notes from 10/06/2013 reported a fluid ambulation with local tenderness along lumbar scar and no functional deficits. Surgical notes from 10/17/2013 reported that she underwent right L4-L5 microdecompresion and microdiscectomy and L5-S1 left microforaminototmy with microdecompresion. The official EMG and NCS studies done on 03/27/2013 reported there was no evidence of peripheral neuropathy; however there was evidence of denervation potentials in the right L5-S1 for symptoms consistent with lumbrosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE COMBO TENS UNIT: Upheld

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

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

Decision rationale: The injured worker underwent a surgical L4-L5 microdecompresion and microdiscectomy and L5-S1 left microforaminototmy with microdecompresion on 10/17/2013.

The CA MTUS guidelines recommend TENS as a treatment option for acute post-operative pain in the first 30 days post-surgery. The submitted documentation does not show there was an attempt to use TENS therapy within the first 30 days post-operatively, thus the request in not medically necessary.

LUMBAR KIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The CA MTUS recommends there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program. The worker does not have any further functional deficits as reported objectively in the last clinical notes that was submitted, besides local tenderness to the affected site. In addition, the request is for an exercise kit that does not clearly define the content of the kit or the proven efficacy of the program in the submitted documentation. Hence, the request cannot be found medically necessary.

COLD COMPRESSION UNIT X 30DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Continuous-Flow Cryotherapy

Decision rationale: The Official Disability Guidelines recommend that cryotherapy only be used post-operatively and suggest they only be used for seven days. The worker presented with only pain locally along the incision upon physical examination. Given the extended time that has passed since the surgery and that the request exceeds the recommended usage time, the request is not medically necessary.