

Case Number:	CM14-0000992		
Date Assigned:	01/22/2014	Date of Injury:	06/29/2012
Decision Date:	06/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/03/2014

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 Orthopedic Surgery 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 male who reported an injury to his low back. A review of the submitted documentation revealed no inciting injury leading to the ongoing complaints of low back pain. The MRI of the lumbar spine dated 11/06/12 revealed a left central disc protrusion at L5-S1 measuring 4.5mm encroaching on the left S1 nerve root. Mild bilateral neuroforaminal narrowing was also identified. The operative note dated 04/01/13 indicates the injured worker undergoing an epidural steroid injection under fluoroscopic guidance at the L5 level. Lab studies completed on 04/10/13 indicated the injured worker being compliant with his drug regimen. No illegal substances were identified. The clinical note dated 07/25/13 indicates the injured worker rating the low back pain as 8/10. The injured worker stated that the previous use of medications had been somewhat beneficial. The clinical note dated 09/26/13 indicates the injured worker showing range of motion restrictions throughout the lumbar region. The injured worker was able to demonstrate 60 degrees of flexion. The injured worker was unable to heel or toe walk at that time. The agreed medical examination dated 09/19/13 indicates the injured worker having previously undergone an epidural steroid injection in March of 2013 as well as chiropractic treatments which began in 2012 and were completed by April of 2013. The injured worker did report the development of pain in both ankles and feet secondary to favoring the left lower extremity as a result of the low back complaints. There is an indication the injured worker stated the initial injury occurred in 2006 when he jumped off the back of a truck and landed on a hose. Upon exam, the injured worker was able to demonstrate 5 degrees of lumbar extension and 15 degrees of bilateral tilt. Decreased pulses were identified at the posterior tibialis. The clinical note dated 11/07/13 indicates the injured worker complaining of 7-10/10 pain in the low back. The injured worker also reported radiating pain into the left lower extremity. Upon exam, the injured worker demonstrated a positive straight leg raise at 70 degrees on the left. The injured

worker was also identified as having a positive Lesegue's sign. Severe range of motion restrictions were identified in all fields. The injured worker was unable to heel and toe walk on exam secondary to the increase in low back pain. There is an indication that the injured worker has previously failed all conservative treatments and had been recommended for an L5-S1 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINGLE POINT CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter, Walking Aids.

Decision rationale: The request for a single point cane is not medically necessary and appropriate. The documentation indicates the injured worker having a long history of low back pain. A single point cane is indicated for injured workers requiring the need for ambulatory assistance and a previous evaluation has indicated the appropriateness of the proposed treatment. No information was submitted regarding the injured worker's ongoing functional deficits affecting the injured worker's ambulatory status. Additionally, it is unclear if the injured worker has undergone an evaluation with the use of a single point cane. Therefore, this request is not indicated as medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: The request for a TENS unit is not medically necessary and appropriate. A TENS unit is indicated for injured workers who have demonstrated a positive response to a 1 month trial. No information was submitted regarding the injured worker's previous 1 month long trial of a TENS unit resulting in a positive response to include an objective functional improvement as well as a significant reduction in pain and the use of pain medications. Therefore, this request is not indicated as medically necessary.

