

Case Number:	CM14-0002095		
Date Assigned:	01/24/2014	Date of Injury:	05/02/2005
Decision Date:	08/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for post laminectomy syndrome associated with an industrial injury date of 05/02/2005. Medical records from 04/23/2013 to were reviewed and showed that patient complained of low back pain graded 9/10 with associated numbness in the left leg. Physical examination revealed well-healed incision. Lumbar spine ROM was decreased. Left lower extremity sensory loss in nondermatomal fashion was noted. Global left lower extremity weakness was noted. X-ray of the lumbar spine dated 04/23/2013 revealed disc space narrowing at L4-5 and L5-S1. Lumbar spine MRI dated 2005 revealed disc desiccation at L4-5 and L5-S1. Treatment to date has included lumbar laminectomy (date not made available), two lumbar epidural steroid injections, physical therapy, and pain medications. Utilization review dated 12/09/2013 denied the request for 4-day trial of PENS because there was no documentation of active participation in a functional restoration program by the patient. Utilization review dated 12/09/2013 denied the request for electric wheelchair because the medical records did not establish that there was no caregiver available, able or willing to provide assistance with manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC WHEELCHAIR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker; or the patient has sufficient upper extremity function to propel a manual wheelchair; or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, there was no objective evidence of significant upper extremity weakness to support the need for PMDs. It is unclear as to why electric wheelchair is needed. Therefore, the request for ELECTRIC WHEELCHAIR is not medically necessary.

4 DAY TRIAL OF PENS (PERCUTANEOUS ELECTRICAL NERVE STIMULATION):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Transcutaneous electrotherapy such as PENS is not recommended as a primary treatment modality. A trial of one-month home-based PENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the PENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of active participation in a functional restoration program by the patient. The guidelines clearly state that transcutaneous electrotherapy is not recommended as primary treatment modality. The medical necessity has not been established. Therefore, the request for 4 DAY TRIAL OF PENS (PERCUTANEOUS ELECTRICAL NERVE STIMULATION) is not medically necessary.