

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0003927 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 05/20/2013 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 Occupational Medicine 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 has submitted a claim of low back pain and left leg pain associated from an industrial injury date of May 20, 2013. Treatment to date has included lumbar laminectomy with decompression L3-4, L4-5 and L5-S1 (11/12/13), lumbar epidural injections (9/12/13), physical therapy, and medications with include ibuprofen, carisoprodol, hydrocodone, and Norco. Medical records from 2013-2014 were reviewed, the latest of which dated January 9, 2014 revealed healed surgical wound. Neurologic findings are within the normal range. Motor strength was 5/5. There was positive Straight leg raising test bilaterally. On physical examination done last October 21, 2013, there is noted moderate midline tenderness at L5 and to the left SI joint. Active range of motion was limited in flexion (25% of normal range), extension (50% of normal range), right lateral bending (50% of normal range) and left lateral bending (25% of normal range). Deep tendon reflex was decreased in the bilateral knees and ankles. Manual muscle testing was 4/5 in the left extensor hallucis longus, flexor hallucis longus and anterior tibialis. There is noted hypoesthetic at the L4, L5, S1 distribution on the left. Seated and passive straight leg raising tests were positive in the left. There was positive Lasegue's test bilaterally, positive reverse Lasegue's on the right and flexion relief on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH RENTAL OF MEDS 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 118-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, Neuromuscu.

Decision rationale: The MEDS-4 unit combines interferential and NMS/EMS therapies into one unit. As stated on pages 118-119 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding the neuromuscular electrical stimulation, CA MTUS does not consistently recommend NMS electrotherapy. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, MEDS 4 was prescribed for postoperative treatment for pain. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required. Also, there is no documentation of failure of medications and other conservative treatment. The medical necessity for MEDS 4 unit was not established. Therefore, the request for 3 month rental of MEDS 4 is not medically necessary and appropriate.