

Case Number:	CM14-0004235		
Date Assigned:	02/05/2014	Date of Injury:	06/07/2011
Decision Date:	07/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 31 year old male who reported an injury on 06/07/2011 due to continuous trauma. On 08/05/2011 the injured worker underwent an MRI scan of the lumbar spine which reveals a herniation at the L4-L5 level. The injured worker underwent 18 physical therapy sessions with temporary relief. No further documentation with specified date of treatment of care noted until 05/02/2013. Physical examination of the lumbar spine revealed no evidence of edema, bruises, atrophy, discoloration rash, scars abrasion or laceration. Palpation of the gluteal muscles revealed tenderness on the right side, lumbar spine revealed tenderness, sacroiliac joint revealed tenderness on the right side. Kemp's test was positive on the left side he was unable to heel and toe walk. Deep tendon reflexes were +2 in the L4 and S1 muscle groups bilaterally. Sensation was decreased in the S1 muscle groups on the left side. The injured worker does present with ongoing continued lower back pain with radiation to the bilateral lower extremities. The injured worker stated he had failed all conservative treatment and does note continuing pain despite a regular home exercise program. A prescription for Diclofenac Flex-Pus Diclofenac/Cyclobenzaprine/lidocaine (10%/10%/5%) Apply a thin layer 2-3 times per day as directed. And Bio-Therm (Capsaicin 0.002%) 4 Oz apply a thin layer to affected area two-three time daily. On 07/09/2013 the injured worker chief complaints low back pain with right leg radiating symptom. On previous studies electrodiagnostic studies in the lower extremity reported as negative for radiculopathy. Lumbar spine x-ray revealed disc height/facet joint tropism at L4-S1. Diagnoses included L4-L5 disc bulge with central and neural foraminal stenosis and right lumbar radiculitis. On 12/06/2013 the injured worker was seen for persistent low back pain. Treatment plan was that the injured worker would benefit from an ergonomic work chair to help decrease low back pain. The ergonomic work chair was requested. The injured worker would also benefit from as interferential stimulating TENS unit to help decrease low back pain. This

unit can be used at both home and work on a daily basis. As of 01/03/2014 the injured worker has been using the TENS unit and states it has been beneficial the request for purchase of interferential stimulating TENS unit and for ergonomic work chair was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF INTERFERENTIAL STIMULATING TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 120.

Decision rationale: The request for the purchase of interferential stimulating (TENS unit) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states inferential stimulator unit is not recommended as a primary treatment modality, but a one-mouth home-base TENS trail may be considered as noninvasive option. The most recent appointment dated 12/06/2013 reveals the injured worker presented with reports of persistent low back pain radiating down the lower extremities. The injured worker reported lumbar epidural injection has not alleviated his pain. An operative note dated on 08/05/2011 revealed that the injured worker underwent an L4-L5 lumbar epidural steroid injection. Other objective finding reveal mild restriction in lumbar range of motion and referred back pain with right greater than left straight leg raise as such there is no documentation for short term or long term treatment goals for the use of interferential stimulator TENS unit. Therefore the purchase of interferential TENS unit is not medically necessary.

ERGONOMIC WORK CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure summary low back,Ergonomics interventions page 8.

Decision rationale: The request for ergonomic work chair is not medically necessary. The Official Disability Guidelines (ODG) states that there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of LBP. Documentation does not identify there has been an ergonomic evaluation performed. Therefore the request for ergonomic work chair is non-medically necessary.