MAXIMUS Federal Services

Case Number:	CM14-0006218		
Date Assigned:	02/12/2014	Date of Injury:	07/04/2008
Decision Date:	06/24/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/16/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 40 year old male with an injury reported on July 04, 2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated December 23, 2013, reported that the injured worker complained of low back and right-sided radiating leg pain. The physical examination findings reported the injured worker's range of motion of lumbar spine demonstrated flexion to 60 degrees, extension to 20 degrees, right rotation to 45 degrees, and left rotation to 45 degrees. The injured worker's prescribed medication list included cyclobenzaprine and norco 5/325. The injured worker's diagnoses included L5-S1 lumbar decompression with interbody and instrumented fusion on January 30, 2013. The request for authorization was submitted on January 06, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR A ONE MONTH RENTAL OF A MEDS4 STIMULATOR AND ELECTRODES, FOR THE LOW BACK (DOS: 09/21/2013):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Criteria for the use of TENS Page(s): 114-116.

Decision rationale: The retrospective request for a one month rental of a MEDS4 stimulator for the low back (DOS 09/21/2013) is not medically necessary. The injured worker complained of low back and right-sided radiating leg pain. It was noted the injured worker's range of motion of lumbar spine demonstrated flexion to 60 degrees, extension to 20 degrees, right rotation to 45 degrees, and left rotation to 45 degrees.It was noted the injured worker's diagnoses included L5-S1 lumbar decompression with interbody and instrumented fusion on January 30, 2013. It was noted the injured worker's prescribed medication list included cyclobenzaprine and Norco 5/325. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. It is noted that the injured worker is prescribed cyclobenzaprine and norco; there is a lack of clinical information provided indicating the injured worker was unresponsive to the medications and the efficacy of the medications in decreasing his pain and symptoms. There is a lack of clinical evidence indicating the injured worker had chronic intractable pain for at least a three month duration. It is unclear if a 2-lead unit or a 4-lead unit was being requested. Therefore, the request is not medically necessary.