

Case Number:	CM14-0015799		
Date Assigned:	03/03/2014	Date of Injury:	05/17/2013
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 California and Maryland. 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 47-year-old male with a 5/17/13 date of injury, when he fell off a ladder while at work. The patient has low back pain radiating to the left gluteal region and right periscapular region, described as pins and needles. He has undergone 3-4 sessions of physical therapy sessions and TENS unit treatments with relief. Clinically, there was tenderness over the scapulae bilaterally; guarding with active range of motion of the lumbar spine; reduced range of motion; and positive bilateral SLR. Additional PT and TENS unit home trial were recommended on 9/17/13. 11/26/13 Progress note describe ongoing chronic headaches and low back pain radiating to the left gluteal region and right parascapular region. TENS unit and MRI were requested. Additional PT was not attended due to transportation issues. There remains tenderness and guarding in the low back; positive SLR and Gower's sign. Medications include Norco, and the patient is limited to sedentary work. Most recent note dated 3/4/14 described chronic headaches and ongoing low back pain. There is an antalgic gait, tenderness in the low back with guarding and pain with range of motion. SLR was positive and sensation in the left L5 and S1 dermatomes. ESI, TENS unit trial, and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME GSM (GOLDEN STATE MEDICAL) TRIAL NEW (NU) TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT WITH HAN PROGRAMS FOR 30 DAYS, WITH ELECTRODES (8 PAIRS PER MONTH) AND BATTERIES (6 UNITS PER MONTH): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 114-116.

Decision rationale: Medical necessity for the requested DME is not established. This request previously obtained an adverse determination due to lack of documentation regarding prior use. The 9/17/13 Progress note described use of a TENS unit in PT, which helped. However, there is no discussion regarding extent of pain relief. CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. In addition, there is no discussion regarding necessity of a TENS unit with a HAN program (multiple NMES programs). CA MTUS does not recommend NMES and the request remains unsubstantiated. Thus the request is not medically necessary.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter: MRI.

Decision rationale: Medical necessity for the requested lumbar MRI is not established. Medical necessity for the requested lumbar MRI IS not established. Review of the provided progress notes documented no focal neurological deficits. There is no discussion of plain film x-rays. CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The patient only underwent several sessions of physical therapy, however due to transportation issues, was unable to attend further physical therapy. There is no discussion of a red flat diagnosis, and no focal neurological deficits until the most recent 3/4/14 progress note, following MRI. The request remains not medically necessary.