

Case Number:	CM14-0185683		
Date Assigned:	11/13/2014	Date of Injury:	09/17/2012
Decision Date:	12/23/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Therapy and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 51-year-old male with a date of injury of 09/17/2012. The listed diagnoses are scoliosis and spine curative. According to progress report 07/16/2014, the patient presents with low back pain that radiates down to the bilateral legs. On physical examination, the patient's gait is waddling and limping. Range of motion of the lumbar spine is reduced to less than 50% of normal. The patient exhibits 4+/5 iliopsoas weakness on the right. Deep tendon reflexes show an absent knee reflex on the right, 1+ on the left, and absent in the ankles. The provider recommends "a lift chair and a transcutaneous electrical nerve stimulation (TENS) unit." Utilization review denied the request on 10/21/2014. Treatment reports from 01/07/2014 through 09/24/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seat lift low back, purchase: 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), Treatment Index, 11th Edition, (web) 2013, Knee & Leg/Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: http://www.aetna.com/cpb/medical/data/400_499/0459.html Aetna Clinical Policy Bulletin: Seat Lifts and Patient Lifts Number: 0459.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The current request is for seat lift low back, purchase. Request for authorization (RFA) from 07/16/2014 notes that the requested was good is for a "lift chair." The ACOEM, MTUS, and ODG Guidelines do not discuss lift chairs. Aetna Guidelines support patient lifts if the patient is incapable of standing from a seated position, has severe arthritis of the hip or knee, the lift is prescribed to effect improvement and once standing the patient has the ability to ambulate. In this case, the patient does not meet the aforementioned criteria that would warrant the use of a seat lift. Therefore the request is not medically necessary.

TENS two lead low back, purchase: 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), Treatment Index, 11th Edition, (web) 2013, Knee & Leg/Durable Medical Equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The current request is for TENS unit 2 lead low back, purchase. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient presents with scoliosis and radicular pain down bilateral legs. A 30-day home trial may be indicated, but the provider is requesting a purchase without documentation of a successful home 1-month trial. Therefore the request is not medically necessary and appropriate.