MAXIMUS Federal Services

Case Number:	CM14-0020864		
Date Assigned:	04/30/2014	Date of Injury:	09/10/2012
Decision Date:	07/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Medicine, and is licensed to practice in Texas and Florida. 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 38 year old who was injured on 9/10/2012. The diagnoses listed are low back pain and lumbar radiculopathy. There is associated diagnosis of mood disorder. The patient complained of low back pain radiating down the lower extremities. There are associated numbness and tingling sensations. The physical examination was significant for positive Straight Leg Raising sign and decreased range of motion. On 11/5/2013, [redacted] documented that the current medications were Mobic and Tylenol. The patient was also undergoing physical and chiropractic therapy treatments. A Utilization Review determination was rendered on 1/17/2014 recommending non-certification for 1 month Home-base trial of Neurostimulator TENS and the use of Lumbar Spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME-BASED TRIAL OF NEUROSTIMULATOR TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS addressed the therapeutic use of electrical stimulation applied to the skin for the treatment of chronic pain. Transcutaneous electrical therapy is especially indicated for patients who cannot tolerate medications management because of the presence of severe side effects. There should be documentation of beneficial effects from prior electrostimulation treatment in the setting of formal physical therapy, Return to Work or exercise programs. The guideline does not support the use of TENS treatment as an isolated intervention in the absence of a functional based treatment program. There is no documentation that this patient have benefited from prior electrostimualation treatment in the setting of formal physical therapy program. The patient did not fail medication management with NSAID. The criteria for a 1 month Home-base trial of Neurostimulator TENs was not met.

LUMBAR SPINE SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

Decision rationale: The CA MTUS and the ACOEM addressed the use of Lumbar Spine Support in the management of chronic low back pain. Lumbar Spine support is classified by Medicare as a Durable Medical Equipment (DME). The guideline classifies DME as equipment that can provide therapeutic benefit that would enable the patient to perform tasks they would not otherwise be able to accomplish without the use of the equipment. The record did not indicate that the patient have any difficulty performing tasks. The ACOEM guideline does not recommend lumbar support for symptom relief beyond the acute injury phase because lumbar spine support have not been shown to provide any lasting effects. The criteria for the use of Lumbar Spine Support have not been met.