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| Case Number: | CM14-0024410 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 07/29/2013 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 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:

This 59 year-old patient sustained an injury on 7/29/13 from a slip and fall while carrying a bag of weeds during employment with [REDACTED]. Request under consideration include If Unit Plus Supplies For (12) Months. Conservative care has included physical therapy (12 sessions), medications, and modified activities/rest. MRI of the lumbar spine dated 10/2/13 showed small left foraminal disc extrusion at L3-4 resulting in mild to moderate left foraminal stenosis; small right disc protrusion at L4-5 with mild right foraminal stenosis. Report of 1/29/14 from the provider noted the patient with low back pain radiating down left leg with numbness and tingling. Exam showed lumbar tenderness at paraspinals; decreased range secondary to pain; SLR positive on left at 20 degrees. Diagnoses include left lumbar radiculopathy secondary to disc protrusion at L3-4. Treatment include lumbar spine MRI and x-rays, ESWT, psychological care, IR unit, acupuncture, chiropractic care, lumbar brace, VSNCT of lumbar spine, TENS unit, and compound medications. The request for If Unit Plus Supplies For (12) Months was modified to certify for 30-day trial on 2/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT PLUS SUPPLIES FOR (12) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: This 59 year-old patient sustained an injury on 7/29/13 from a slip and fall while carrying a bag of weeds during employment with [REDACTED]. Request under consideration include IF Unit Plus Supplies For (12) Months. Conservative care has included physical therapy (12 sessions), medications, and modified activities/rest. MRI of the lumbar spine dated 10/2/13 showed small left foraminal disc extrusion at L3-4 resulting in mild to moderate left foraminal stenosis; small right disc protrusion at L4-5 with mild right foraminal stenosis. Report of 1/29/14 from the provider noted the patient with low back pain radiating down left leg with numbness and tingling. Exam showed lumbar tenderness at paraspinals; decreased range secondary to pain; SLR positive on left at 20 degrees. Diagnoses include left lumbar radiculopathy secondary to disc protrusion at L3-4. Treatment include lumbar spine MRI and x-rays, ESWT, psychological care, IR unit, acupuncture, chiropractic care, lumbar brace, VSNCT of lumbar spine, TENS unit, compound medications. The request for IF Unit Plus Supplies For (12) Months was modified to certify for 30-day trial on 2/19/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The IF Unit Plus Supplies For (12) Months is not medically necessary and appropriate.