

Case Number:	CM14-0025113		
Date Assigned:	06/11/2014	Date of Injury:	06/16/2010
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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:

The injured worker is a 62 year old male who reported injuring his back while lifting water cases on 06/16/2010. He was diagnosed with lumbar disc displacement. On 09/24/2013 he had an anterior lumbar decompression and fusion L3-4 and L4-5 with allograft bone, inter-body cage and anterior lumbar plating. On 01/22/2014 he was re-evaluated for ongoing discomfort in his low back described as a constant aching, dull, sharp stabbing pain, which was exacerbated by walking, standing, bending or stooping. Pain was alleviated by lying on his back with his legs elevated. He complained of numbness, tingling and weakness in his left lower extremity and pain extending from his left testicle to his left buttock. He was noted to have equal strength throughout his lower extremities and to be neurologically intact. The only medication documented was hydrocodone/APAP 5/325 mg. He denied any side effects from this medication. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL MEDS DOS 02/05/13-12-03/14/14: Upheld

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

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

Decision rationale: The request for rental MEDS DOS 02/15/2013-12/03/2014 is not medically necessary. This 62 year old male reported injuring his back while lifting water cases on 06/16/2010. He was diagnosed with lumbar disc displacement. On 09/24/2013 he had an anterior lumbar decompression and fusion L3-4 and L4-5. He continued to complain of low-back pain exacerbated by activity. CA MTUS states that Neuromuscular electrical stimulation (NMES devices) are used primarily as a part of a rehabilitation program following a stroke or spinal cord injury, but does not recommend their use for chronic pain stating that there is no evidence to support any benefit being derived therefrom. As such, the request is not medically necessary.