

Case Number:	CM14-0061438		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2013
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 Tennessee. 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 is a 49-year-old male with a 11/12/09 date of injury. The specific mechanism of injury was not noted. According to a progress report dated 3/7/14, the patient is status-post microdiscectomy done by another physician. He complained of increasing back pain and radiating leg pain. Objective findings: 2+ lumbar paraspinous muscle spasm, tender to palpation along these muscles, deep tendon reflexes are equal and symmetric at the knees and ankles, sensation is decreased to light touch and pinprick in the L5 dermatome on the right, positive straight leg raise sign on the right at 60 degrees. Diagnostic impression: recurrent herniated disc at L4-5. Treatment to date: medication management, activity modification, ESI, acupuncture, physical therapy. A UR decision dated 4/18/14 denied the requests for 30-day TENS unit rental and bone growth stimulator. Regarding TENS unit, there was no evidence of failed recommended treatments as well as trial and substantial benefit from TENS unit use in the clinical setting. Regarding bone growth stimulator, the claimant does not meet the criteria for use of bone growth stimulator post-operatively as the claimant has no evidence of spondylolisthesis, failed prior fusion(s), history of smoking, diabetes, renal disease, alcoholism, or significant osteoporosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day TENS unit rental: Upheld

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

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

Decision rationale: 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. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Although there is documentation that the patient has reached his maximum medical benefit from conservative non-operative treatment, there was no treatment plan provided identifying the goals hoping to be acquired with the TENS unit. In addition, it is documented that the provider is requesting authorization for the patient to undergo a posterior lumbar interbody fusion at L4-5. It is unclear why the provider is requesting a TENS unit when the patient is a surgical candidate. Therefore, the request for 30 day TENS unit rental was not medically necessary.

Bone growth stimulator: 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), TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Bone Growth Stimulator.

Decision rationale: CA MTUS does not address this issue. ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. There is no documentation that this patient is a "high risk" patient. There is no documentation that he has a current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. Therefore, the request for Bone Growth Stimulator was not medically necessary.