

Case Number:	CM14-0061995		
Date Assigned:	07/09/2014	Date of Injury:	01/20/1990
Decision Date:	12/12/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for a scooter and a TENS unit. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2014, the applicant reported persistent complaints of low back pain, exacerbated by lying down, sitting, standing, walking, bending, and lifting. The applicant was reportedly unable to work, it was acknowledged. The applicant stated that he needed to use a scooter owing to heightened pain complaints while grocery shopping and the like. Limited lumbar range of motion was noted with 4-5/5 lower extremity strength appreciated. Norco, Flector, Lidoderm, Prilosec, and Neurontin were renewed. The attending provider stated that the applicant will be provided a scooter so that he could walk through a grocery store with the same. It was stated that the TENS unit had previously been used with good relief. A home unit was therefore provided. The applicant was asked to pursue physical therapy and was apparently kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines: Motorized scooter is not essential to care. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that provision of a scooter may diminish in applicants overall mobility level and independence and furthers states that an electric scooter is not recommended if an applicant's mobility deficits can be sufficiently resolved through usage of a cane and/or walker. Here, the nature of the applicant's functional mobility deficit was not clearly described or characterized. It was not clearly stated why the applicant cannot move about of his own accord, at age 58. It appears, based on the attending provider's description of events, that the applicant is seeking a scooter for pain relief purposes to facilitate his moving about the grocery store. This is not, however, essential to care, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, and might, in fact, be detrimental here as it would diminish the applicant's overall level of activity and overall mobility levels. Therefore, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit beyond an initial one-month trial should be predicated on evidence of successful outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant is off of work. The applicant does not appear to have worked in what appears to several years. Earlier usage of the TENS unit has failed to curtail the applicant's dependence on opioid agents such as Norco and non-opioid agents such as Neurontin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit in question. Therefore, the request is not medically necessary.