

Case Number:	CM14-0190973		
Date Assigned:	11/24/2014	Date of Injury:	10/13/2011
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

This is a 73 year old male who suffered an industrial related injury on 10/20/11 after a fall. A physician's report dated 2/24/14 noted objective findings of antalgic gait on the right side, decreased range of motion of the lumbosacral spine, negative straight leg raise test of bilateral lower extremities, and reflexes were noted to be symmetrical. A physician's report dated 4/8/14 noted the injured worker had complaints of right sided low back pain with occasional radiating of pain to the right leg. The physician noted the injured worker was at maximum medical improvement due to the injured worker not being interested in invasive treatment and failing other conservative treatment. A physician's report dated 4/11/14 noted the injured worker was permanent and stationary and the work status was permanent modified work. The diagnoses included lumbar disc degeneration, lumbar radiculopathy, spinal stenosis of the lumbar spine, and arthropathy of lumbar facet. A physician's note dated 1/13/14 noted the injured worker had received physical therapy and acupuncture treatments. On 10/15/14 the utilization review (UR) physician denied the request for a transcutaneous electrical nerve stimulation (TENS) unit and a series of x-rays of the lumbar spine. Regarding the TENS unit the UR physician noted the use of a TENS unit would be premature until other conservative treatments have been attempted. Regarding lumbar spine x-rays the UR physician noted lumbar spine x-rays should not be recommended in patient with low back pain in the absence of red flags for serious spinal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

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

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

Decision rationale: According to guidelines TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. According to medical records there is no documentation of a trial and thus is not medically necessary.

1 Series of x-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to guidelines it states low back x-rays should not be done in patients with no red flags for serious spinal pathology even if the pain has persisted for greater than six weeks. Based on this x-rays are not medically necessary of the lumbar spine.