

Case Number:	CM15-0102710		
Date Assigned:	06/05/2015	Date of Injury:	02/24/2009
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 29-year-old female, who sustained an industrial injury on 2/24/2009. The current diagnoses are axial low back pain, spondylolisthesis L5-S1, and possible adjacent segment extrusion, pain disorder associated with both psychological and medical factors; sleep disturbance, decreased libido, and deconditioning. According to the progress report dated 5/6/2015, the injured worker complains of low back pain, left greater than right. The level of pain is not rated. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, home exercise program, electrodiagnostic studies, acupuncture, and functional restoration program. The plan of care includes VariDesk and TENS unit and supplies (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

VariDesk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Ergonomics Interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

Decision rationale: This 29 year old female has complained of low back pain since date of injury 2/24/09. She has been treated with acupuncture, physical therapy and medications. The current request is for a Varidesk. Per the ODG guidelines cited above, ergonomic interventions may be recommended as part of a return to work program for injured workers. There is no documentation in the available medical records regarding plan to engage in a return to work program. On the basis of the available medical records and per the ODG guidelines cited above, a Varidesk is not indicated as medically necessary.

Continued use of TENS unit and supplies (rental or purchase): Upheld

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

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

Decision rationale: This 29 year old female has complained of low back pain since date of injury 2/24/09. She has been treated with acupuncture, physical therapy and medications. The current request is for a TENS unit. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, continued use of TENS unit and supplies (rental or purchase a TENS unit is not indicated as medically necessary.

Retrospective use of TENS unit and supplies: Upheld

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

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

Decision rationale: This 29 year old female has complained of low back pain since date of injury 2/24/09. She has been treated with acupuncture, physical therapy and medications. The current request is for retrospective use of TENS unit and supplies. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, retrospective use TENS unit and supplies is not indicated as medically necessary.