MAXIMUS Federal Services

Case Number:	CM15-0104061		
Date Assigned:	06/11/2015	Date of Injury:	09/27/2010
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 09/27/2010. Current diagnoses include sprain/strain lumbar spine, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis-lumbar region without neurogenic claudication, and degeneration of lumbar or lumbosacral intevertebral disc. Previous treatments included medications and chiropractic. Previous diagnostic studies include an MRI of the lumbar spine. Initial complaints included immediate low back pain when trying to rotate an engine on a support frame with a metal bar. Report dated 05/12/2015 noted that the injured worker presented for follow up. Pain level was not included. Physical examination showed that the injured worker is able to stand erect, does walk with a single point cane, hunches over slightly, and positive Waddell's testing. The treatment plan included no narcotics, recommendation for a home exercise program and core strengthening to reduce muscle tightness in the lumbar spine, recommendation for a TENS unit, and re-evaluation in four weeks. Disputed treatments include TENS unit and supplies (purchase) and home exercise program with core strengthening (unspecified frequency and duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - TENS Unit with Supplies Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The patient presents with low back pain. The request is for DME - Tens Unit With Supplies Purchase. The request for authorization is not provided. MRI of the lumbar spine, 09/22/14, shows acute Schmorl's node formation affecting the L4-L5 predominantly about the superior endplate of the L5; mild to moderate impingement of the exiting right L5 nerve root at the L5-S1 on the basis of vertebral endplate spur, facet joint spur and mixed spondylotic disc bulge encroachment into the right neural foramen. Physical examination shows the patient is able to stand erect. He does walk with a single point cane. During Waddell's testing the patient has positive findings times three for simulated axial rotation, cephalic compression test and skin pinch. Patient's medications include Ibuprofen, Tramadol and Pepcid. The progress report dated 05/12/15, the patient is a Qualified Injured Worker. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 05/12/14, treater's reason for the request is "It is felt he may benefit from a home TENS unit or other modalities that are noninvasive." MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. Therefore, the request is not medically necessary.

Home Exercise Program with Core Strengthening (Unspecified Frequency and Duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The patient presents with low back pain. The request is for Home Exercise Program With Core Strengthening (Unspecified Frequency And Duration). The request for authorization is not provided. MRI of the lumbar spine, 09/22/14, shows acute Schmorl's node formation affecting the L4-L5 predominantly about the superior endplate of the L5; mild to moderate impingement of the exiting right L5 nerve root at the L5-S1 on the basis of vertebral endplate spur, facet joint spur and mixed spondylotic disc bulge encroachment into the right neural foramen. Physical examination shows the patient is able to stand erect. He does walk with a single point cane. During Waddell's testing the patient has positive findings times three for simulated axial rotation, cephalic compression test and skin pinch. Patient's medications include Ibuprofen, Tramadol and Pepcid. The progress report dated 05/12/15, the patient is a Qualified

Injured Worker. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Per progress report dated 05/12/15, treater's reason for the request is "to reduce the muscle tightness in the lumbar spine." Although exercise is recommended, it is unclear as to what the "home exercise program" entails. Without knowing what the "program" details are, a recommendation regarding its appropriateness based on the guidelines cannot be determined. Treater does not provide any discussion regarding what exercises are to be performed and what kind of monitoring will be done. Therefore, the request is not medically necessary.