

Case Number:	CM15-0137283		
Date Assigned:	07/27/2015	Date of Injury:	08/28/2012
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii

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 51 year old male, who sustained an industrial injury on August 28, 2012. The injured worker reported lifting boxes of product weighing 70 to 80 pounds over his head with one foot on the floor and one a pallet. The boxes were stacked five boxes high. The injured worker turned hearing and feeling a snapping sensation up and down his back. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus with disc bulge and right lower extremity involvement, thoracic spine misalignment, sacroiliac joint pain, cervical spine disc bulge with right upper extremity radiculopathy, and stress with anxiety and depression. Treatment and diagnostic studies to date has included laboratory studies, lumbar epidural steroid injection, medication regimen, x-rays of the low back, physical therapy, magnetic resonance imaging of the cervical spine, trigger point injections, and cervical epidural steroid injections. In a progress note dated April 16, 2015 the treating physician reports complaints of pain to the neck, mid-back, and the low back that radiates to the right upper extremity, and to the bilateral lower extremities. Examination reveals tenderness to the right cervical paraspinal muscles, tenderness to the upper trapezius, tenderness to the bilateral sacroiliac joint, tenderness to the lumbar paraspinal muscles, and tenderness to the gluteal muscles, along with decreased range of motion to the cervical and lumbar spine, decreased sensation to the lumbar four through sacral one distribution, positive bilateral straight leg raise, and positive Spurling's test. The treating physician requested a five month rental of multi stimulation unit plus supplies for the lumbar spine, but the documentation provided did not contain the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 month rental of multi stimulation unit plus supplies, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents with diagnoses of lumbar spine herniated nucleus pulposus with disc bulge and right lower extremity involvement, thoracic spine misalignment, sacroiliac joint pain, cervical spine disc bulge with right upper extremity radiculopathy and stress with anxiety and depression. The patient currently complains of pain to the neck, mid-back and the low back that radiates to the right upper extremity and to the bilateral lower extremities. The current request is for 5-month rental of multi stimulation unit plus supplies, lumbar spine. The treating physician states in the request for authorization dated 4/21/15, "multi stim unit plus supplies 5 month rental". MTUS guidelines regarding TENS for chronic pain state, "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". The current request is for a trial of TENS unit for 5-month rental which is beyond the guideline recommendations. In this case, the clinical history does not document an initial one-month trial but instead jumps directly to a treatment plan of 5 months usage. The current request is not medically necessary.