

Case Number:	CM14-0181831		
Date Assigned:	11/06/2014	Date of Injury:	01/02/2007
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old female with a date of injury of 01/20/2007. The listed diagnoses are: 1. Lumbar spondylosis and myelopathy. 2. Lumbar facet disease. 3. Medication management. According to progress report 10/07/2014, the patient continues with low back pain. She was doing well after the last LESI, but her pain is slowly returning. Examination revealed spasm, tenderness and decreased range of motion. Report 6/17/14 states that patient has 8-10/10 pain in the lower back with stiffness and spasms. There with numbness in the right leg and bilateral positive SLR. Treater is requesting a TENS unit and surgical consultation for low back. Utilization review denied the request on 10/17/2014. Treatment reports from 05/20/2014 through 10/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. Treater is requesting TENS unit and supplies. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treater is requesting a TENS unit, but does not document a successful home one-month trial. The request is not medically necessary.

A surgical consult for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, consult

Decision rationale: This patient presents with chronic low back pain. Treater is requesting surgical consultation for the low back. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." This patient has lumbar spondylosis and myelopathy with continued pain despite medications and LESI. A consultation for possible surgical interventional is reasonable and supported by ACOEM guidelines as stated above. The request is medically necessary.