

Case Number:	CM14-0090069		
Date Assigned:	07/25/2014	Date of Injury:	05/03/2011
Decision Date:	09/26/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 47 year old male who sustained injury to his low back on 05/03/11 due to a lifting injury. MRI of the lumbosacral spine with 3D myelogram dated 04/29/13 revealed intervertebral disc height loss and disc desiccation changes at T11-12, T12-L1, L1-2, L3-4, and L3 through L5 with straightening of the normal lordosis; no paravertebral soft tissue abnormalities; L4-5 annular concentric broad based measuring 4.5 disc protrusion seen flattening abutting the anterior portion of the thecal sac with central annular tear; no disc extrusion; mild central and mild to moderate bilateral lateral spinal and neural foraminal stenosis; no disc extrusion or sequestration of disc material. Progress report dated 03/10/14 reported that the injured worker presented with increasing low back pain associated with burning sensation in bilateral lower extremities. Physical examination revealed stiffness and restricted movement; painful range of motion with referred back pain on straight leg raise and midline tenderness; right straight leg raise/Lasegue maneuver and hypoesthesia of L4-5 dermatomes. The injured worker was recommended for surgery and for home healthcare. He was prescribed Tramadol and Neurontin. Clinical note dated 03/24/14 reported that the injured worker continued to complain of constant low back pain radiating to the bilateral lower extremities with associated weakness 8/10 VAS. The injured worker failed epidural steroid injections and conservative treatment. The patient was referred for L4-5 laminectomy and diagnosed with L4-5 disc herniation with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment for Transcutaneous electrical nerve stimulator (TENS) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The request for conductive garment for TENS unit is not medically necessary. Previous request was denied on the basis that no determinations or disclaimers were able to be provided as the office did not claim that they had any information regarding the requested durable medical equipment post-operatively. The Official Disability Guidelines state that DME is defined as equipment which can withstand repeated use, i.e., could normally be rented and used by successive patients; is primarily and customarily used to serve medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a home. Given this, the request for conductive garment for TENS unit is not indicated as medically necessary.