

<b>Case Number:</b>	CM15-0114406		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 42 year old male who sustained a work related injury January 23, 2014. While transferring a patient from an exam table to a gurney, he felt a pulling sensation followed by moderate pain in his lumbar region and left hip, with radiation to his left lower extremity. According to a recent primary treating physician's report, dated November 10, 2014, the injured worker presented with complaints of constant low back pain 7-8/10 with intermittent radiation of pain, numbness and tingling down to the left toe. He was sore and achy with radiation of pain into the left leg. He reported constant hip pain, rated 8/10 and described as sharp and sore with radiation into the left leg. Physical examination revealed a 5 feet 9 inches 293 pounds male with moderate tenderness of the lumbar spine over the left more than right paraspinal musculature with guarding. There is left sciatic notch tenderness and left sacroiliac joint tenderness. He is walking in an antalgic gait anteriorly flexed at 5 degrees. Diagnoses is documented as chronic musculoligamentous derangement of the lumbosacral spine and lumbar spine superimposed upon joint dysfunction, rule out discopathy with left sciatic neuritis. There was no current medication listed. At issue, is the request for authorization for a lumbar rehab kit purchase and TEN's unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar rehab kit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the treatment of musculoskeletal pain. The utilization of physical treatments can result in reduction of pain and increase in range of motion of the joints. The guidelines recommend that patient proceed to a home exercise program after completion of supervised physical treatments. The records indicate that the patient had previously completed supervised physical therapy. The records did not show that the patient is currently utilizing medications or have failed conventional PT / home exercise treatments. The criteria for lumbar spine rehab kit was not met. The request is not medically necessary.

**TENS unit purchase with 10 sets of electrodes & 10 batteries, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS can be utilized for the treatment of musculoskeletal pain. The utilization of TENS treatment can be associated with reduction in pain and functional restoration. The guidelines require completion of a 30 days TENS unit trial with documentation of beneficial effects. The records did not show that the patient had completed a 30 days supervised trail of TENS unit treatment. The criteria for TENS unit purchase with 10 sets of electrodes and batteries for low back was not met. The request is not medically necessary.