

Case Number:	CM15-0129470		
Date Assigned:	07/16/2015	Date of Injury:	04/20/2011
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male, who sustained an industrial injury on 4/20/2011. He reported low back pain with pain radiating into legs due to heavy lifting. Diagnoses have included status post multiple level fusion of lumbar spine, rule out lumbar intradiscal component and rule out lumbar radiculopathy. Treatment to date has included surgery and medication. According to the progress report dated 4/15/2015, the injured worker complained of low back pain rated nine out of ten with left lower extremity symptoms. Objective findings revealed tenderness of the lumbar spine. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) units and lumbar support dispensed 4/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit, dispensed 04/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the retrospective prescription of TENS unit is not medically necessary

Retrospective durable medical equipment (DME) lumbar sacral orthosis (LSO), dispensed 04/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the retrospective request for lumbar sacral orthosis is not medically necessary.