

Case Number:	CM13-0011660		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2012
Decision Date:	02/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in California and Texas. 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 physician 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 53-year-old female who reported an injury on 08/20/2012. The mechanism of injury was the patient tripped and fell. A review of the medical records reports the patient continued to complain about severe low back pain, and left hip pain. The patient rated the pain at 6/10. The medical records document the patient has an allergy to all medications. The patient has undergone extensive conservative care treatments to the lower back including but not limited to physical therapy, chiropractic therapy, acupuncture, injections, and medication management. It is also noted that the patient received extracorporeal shockwave therapy times 6. MRI of the left hip dated 11/05/2013 reviewed by [REDACTED] revealed unremarkable MRI of the left hip. No evidence of fax or malalignment, bone marrow signal intensity was within normal limits, there is no evidence of joint effusion; the hip musculature is unremarkable; and inner pelvic organs are all unremarkable. MRI of the right hip dated 11/05/2013 reviewed and approved by [REDACTED] also revealed unremarkable MRI of the right hip. MRI of the lumbar spine dated 11/05/2013 reviewed and signed by [REDACTED] revealed the alignment is anatomic, spondylosis is seen at L3 to S1, disc desiccation is noted at L3 to S1; endplate sclerotic changes are seen within the inferior endplate of L5 and superior endplate of S1; no evidence of signal abnormality within the traversing or exiting nerve roots; no evidence of signal abnormality within the conus medullaris or cauda equina; and the central cord ends at T12-L1.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Prime Dual Tens/EMS Unit (with supplies): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116, 121.

Decision rationale: Per the California MTUS Guidelines, the use of a TENS is recommended if the following criteria is met: documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as the outcomes in terms of pain relief and function. During this time, other ongoing pain treatments should also be documented during the trial period including medication usage, a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. The requested service is a multi-stimulation unit, which incorporates TENS and EMS into 1 unit. CA MTUS states Neuromuscular electrical stimulation is noted recommended for use in chronic pain. There is no clinical information provided in the medical record to support the use of the TENS unit alone; therefore, there would be no purpose in having the multi-stimulation unit as well. There is no documentation provided in the medical record of a trial period use of the TENS unit, there is no current program or documentation of the patient being enrolled in any current functional restoration program of any kind as recommended by the California MTUS. Therefore, the request for the DME-Prime Dual Tens/EMS Unit (with supplies) is non-certified.