

Case Number:	CM13-0012536		
Date Assigned:	11/06/2013	Date of Injury:	08/11/2012
Decision Date:	02/10/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/13/2013

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, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 08/11/2012. According to the AME preliminary status report dated 07/29/2013, the patient has been diagnosed with degenerative disc disease of the cervical and lumbar spine, he also has shoulder impingement syndrome, plantar fasciitis, and multiple other orthopedic diagnoses. He has been treated for chronic back pain and was noted to have utilized medications as a means of reducing his discomfort. A TENS unit was recommended in approximately April of 2013. However, there are no documented findings pertaining to the patient having implemented its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: stim 4 muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: Under CA MTUS, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration.

A current comprehensive physical examination was not provided for review. Therefore, it is unclear how long the patient is intending to use a TENS unit and if it has already been utilized, what is the intended extent of utilization. There is also nothing indicating the patient is or will be using this equipment in adjunct to a measurable treatment modality. The documentation does not provide information regarding the patient's current/past use of any stimulating device. Therefore, there are no objective measurements pertaining to the efficacy of the use of a muscle stimulator. As such, the medical necessity for durable medical equipment of stim 4 muscle stimulators cannot be established and is therefore non-certified.