MAXIMUS Federal Services

Case Number:	CM13-0013678		
Date Assigned:	03/03/2014	Date of Injury:	06/25/2008
Decision Date:	05/20/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational 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 patient is an employee of the [redacted] and has filed a claim for neck sprain associated with an industrial injury date of June 25, 2008. Utilization review from July 24, 2013 denied the request for 30 day trial of E-stim unit due to lack of support as an isolated therapeutic modality and no documentation of functional gains from previous electrical stimulation use under the supervision of a licensed physical therapist. Treatment to date has included epidural steroid injection, oral pain medications, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain. The neck pain is rated at 8/10 which radiates to the bilateral shoulders and down to the fingers. The low-back pain is rated at 9/10 with radiation to the bilateral legs. On examination, the patient has difficulty performing heel-toe walk. The patient was noted to have tenderness and spasm over the cervical paraspinal muscles. There was also tenderness over the lumbar paraspinal muscles. Range of motion for the cervical spine and lumbar spines were reduced. Sensation was decreased over the C6 and C7 dermatomes bilaterally. Motor strength for the upper extremity was normal. There was decreased sensation over the L4 and L5 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY DAY TRIAL OF E-STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 114.

Decision rationale: As stated on page 114 of the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy is recommended but only for certain types of electrical configurations. A one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. In this case, the requested electrical stimulation device does not indicate the specific electrical configuration; only certain configurations are supported by the guidelines. Therefore, the requested E-stim is not medically necessary.