

Case Number:	CM13-0024172		
Date Assigned:	11/20/2013	Date of Injury:	09/18/2012
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of September 18, 2012. A utilization review determination dated September 9, 2013 recommends non-certification of "home ortho stimulation unit." The note identifies that the ortho stim unit utilizes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. A progress report, dated August 27, 2013 identifies subjective complaints stating, "mid to low back pain radiating to the lower extremity, right side greater than left." Objective examination findings identify, "the shoulder girdles are level. The thoracic kyphosis is well-maintained. Tenderness to palpation is present over the paravertebral musculature in the lower thoracic region. Paraspinal muscle guarding is present with palpation and passive ranging." The note goes on to identify decreased sensation in the right S1 and left L5 and S1 dermatomes. The diagnoses include, "thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain and bilateral lower extremity radiculitis, with evidence of epidural abscess, and MRI findings of multilevel disc bulge and facet hypertrophy at the L3 - L4 and L5 - S1 level." Treatment plan recommends continuing supervised modalities and exercise, request authorization for, "a home ortho stimulation unit for more consistent self-guided treatment of her flare-ups."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home orthopedic stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-121.

Decision rationale: The orthopedic stimulation unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. The Chronic Pain Medical Treatment Guidelines state that TENS is 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. The Guidelines go on to state the galvanic stimulation is not recommended. Additionally, the guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, the guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient has failed a TENS unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to the program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, the guidelines do not support the use of galvanic stimulation or neuromuscular stimulation.