

Case Number:	CM13-0025538		
Date Assigned:	11/20/2013	Date of Injury:	07/26/2006
Decision Date:	09/05/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 applicant has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of July 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cane; left knee arthroscopy; electrodiagnostic testing, apparently notable for a left L4 radiculopathy; and extensive periods of time off of work, on total temporary disability. On August 30, 2013, the claims administrator apparently denied a request for a stim unit 30-day rental. This was described by the claims administrator as a multi-stim unit. The claims administrator denied the request on the grounds that supporting documentation was not provided. Much of the documentation on file, as suggested by the claims administrator, stems from earlier dates, including 2010, 2011, and 2012. An August 12, 2013 note is notable for comments that the applicant would like to obtain a neoprene knee sleeve, a cane, and a 30-day trial of a "multi-stim unit," which includes a TENS, EMS, and NMS components. The applicant is described as on Social Security Disability. He is collecting permanent and partial disability benefits, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF A STIM UNIT FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: As noted by the attending provider, one of the components in the multi stimulator device is neuromuscular stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that neuromuscular stimulation is not recommended outside of the post-stroke rehabilitated context. It is not recommended in the chronic pain context present here. Since one component in the device carries an unfavorable recommendation, the entire device is considered not recommended. Such as, the 30-day rental of a Multi-Stim Unit is not medically necessary.