

Case Number:	CM13-0028677		
Date Assigned:	11/27/2013	Date of Injury:	01/07/2009
Decision Date:	01/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 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:

44y/o male injured worker with date of injury 1/7/09 complains of mid/low back pain radiating to the right lower extremity with numbness and tingling to the foot. 9/3/13 examination of the lumbar spine revealed tenderness to palpation with muscle spasm over the paravertebral musculature and right sciatic notch. Straight leg raise test was positive eliciting radicular symptoms to the right foot and increased low back pain on the left. MRI dated 8/22/13 showed L5-S1 disc protrusion, central and right with right neuroforaminal stenosis and impingement right S1; L4-L5 disc protrusion/osteophyte/degenerative disc disease L4/L5 with nerve root effacement. Injured worker's pain has been refractory to medications. The date of UR decision was 8/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Muscle Stimulation Unit, trial rental/day, 30 days: 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.

Decision rationale: Per MTUS CPMTG, Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H-wave stimulation, Interferential Current Stimulation, Microcurrent electrical stimulation, RS-4i sequential stimulator, Electroceutical therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications. As the request does not specify which type of electrical muscle stimulation unit is in question, there is insufficient evidence to establish medical necessity. The request is not medically necessary.