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| Case Number: | CM13-0029763 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 12/12/2006 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63 year old male who reported an injury on 12/12/2006. Mechanism of injury is unknown. The injured worker complained of low back pain with radiation to the lower extremities. The injured worker also complained of problems with his right shoulder, difficulty reaching, pushing, pulling, and weakness of the arms. On physical examination the injured worker's cervical spine impairment was at 18%, thoracic spine whole person impairment was 2%, lumbar spine whole person impairment was 7 %, left lower extremity whole person impairment was 8%, right upper extremity whole person impairment was 4%, activities of daily living were 3% for pain and 19% for back pain. The injured worker had diagnoses of orthopedic injuries to include strain/sprain of the cervicothoracic spine, strain of both shoulders with impingement of right shoulder, 2 mm disc protrusion at C4-5, 3 mm to 4 mm disc protrusion with subligamentous disc herniation at C5-6 with severe narrowing in the AP diameter at C5-6. The injured worker had subsequent back surgery on 10/30/2007 by [REDACTED]. It consisted of posterior L3 through S1 inner body fusion with removal of hardware on 12/2008. The treatment plan was for Electrical Stimulation (E-STIM) supplies, 90 days at a time quantity of eight (8). The rationale was not included for review. The Request for authorization was submitted on 09/12/2013 by [REDACTED], M.D., provider to injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL STIMULATION (E-STIM) SUPPLIES, 90 DAYS AT A TIME QUANTITY OF EIGHT (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotheray Page(s): 114-117.

Decision rationale: The injured work complained of low back pain with radiation to the lower extremities. The injured worker also complained of problems with his right shoulder, difficulty reaching, pushing, pulling, and weakness of the arms. California Medical Treatment Utilization Schedule (MTUS) guidelines state that TENS units are not recommended as a primary treatment modality, published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. MTUS guidelines also state that there is to be documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. There are no medications listed in the report provided to show if and what medications were tried. There should also be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In addition, there is a lack of documentation regarding the efficacy of prior use of the e-stim unit. With lack of documentation to support guidelines listed above the request for Electrical Stimulation supplies is not medically necessary.