

Case Number:	CM13-0049916		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2007
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family 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:

The patient is a 34-year-old male who reported injury on 09/27/2007. The mechanism of injury as noted to be the patient was lifting a lawn mower. The patient was noted to have incapacitating back pain rated 6/10 to 7/10 with radiation to the bilateral lower extremities, right greater than left. The patient's diagnosis was noted to be a lumbar sprain and strain. The request was made for a pro tech multi stim unit and 3 months' supplies in electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro tech multi stim unit & 3 month supplies of electrodes and batteries: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES Page(s): 115, 116, 121.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to

support its' use in chronic pain. Per [REDACTED] the Pro Tech multi stim unit includes, TENS, NMES/EMS, and MS stim therapies into one unit. The clinical documentation submitted for review failed to indicate the patient would be participating in a functional restoration program. Additionally, as it is not recommended to use NMES devices, there is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request, per the physician, was noted to be for a 90 day trial. Given the above and lack of documentation of exceptional factors, as well as the necessity for a 90-day trial the request for pro tech multi stim unit with 3 months' supplies of electrodes and batteries is not medically necessary.