

Case Number:	CM13-0051013		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2009
Decision Date:	07/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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:

Medical records from 2012-2013 were reviewed which revealed constant low back pain. Pain radiated to his left lower extremity. Intensity scale was from 1 to 7/10 aggravated with prolonged sitting and standing. Physical examination of lumbar spine showed tenderness at left L5-S1 facet joint. Range of motion was 45 degrees at flexion, 5 degrees at extension, lateral bending at 30 degrees on the right and 20 degrees on the left. There was decreased sensation at the left L5-S1 dermatome. MRI of the lumbar spine done on 1/7/11 showed a disc bulge at L4- 5 with bilateral facet arthropathy and bilateral lateral recess stenosis. Disc bulge at L5-S1 with moderate bilateral facet arthropathy and bilateral lateral recess stenosis were noted. Treatment to date has included, cortisone injection and physical therapy sessions. Medications taken include, Tylenol, Ibuprofen, Codeine and Motrin. Utilization review from 9/9/13 denied the request for home electrical stimulator because specific stimulator to be purchased was not provided. Medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOME ELECTRICAL STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ELECTRICAL STIMULATOR (E-STIM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114, 117-118, 121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines address different types of electrical muscle stimulators and they are addressed separately. Regarding the NMES, California MTUS does not recommend neuromuscular electrical stimulation devices except as part of a rehabilitation program following a stroke. Regarding PENS, a percutaneous electrical nerve stimulation unit is not recommended as a primary treatment modality and is recommended only after therapeutic exercise. Regarding TENS unit, it may be considered if used as an adjunct program. In this case, the request failed to specify which type of unit is being requested. The request is incomplete. Therefore, the request for Purchase of a Home Electrical Stimulator is not medically necessary.