

Case Number:	CM13-0051582		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	05/19/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery 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 claimant is a 34-year-old female who was injured in a work related accident on October 24, 2013. The clinical records indicate a slip and fall while trying to hook a trailer to a truck resulting in acute lumbosacral strain, thoracic strain and a diagnosis of stress. The clinical progress report of October 9, 2013 gave the above working diagnoses with current subjective complaints of low back pain with radiating upper and lower extremity soreness and cramping. Physical examination findings on that date demonstrated tenderness to the trapezial area bilaterally right greater than left with restricted shoulder range of motion and lumbar tenderness to palpation with a normal sensory examination distally. The claimant is currently being treated with medication regimen. There is current recommendation for purchase of a TENS/EMS unit for further treatment in regards to the claimant's chronic complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS/EMS unit (request 4 of 8): 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 Page(s): 114-115.

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, the purchase of the above device in this instance would not be indicated. CA MTUS states indications are, "there is evidence that other appropriate pain modalities have been tried (including medication) and failed." Limited documentation of treatment modalities is noted. The claimant has been treated with medications, but no documentation of home exercise program, formal physical therapy or similar modalities over the past several months that would necessitate the acute need of an electrical stimulator unit. The specific request for use in this case would not be supported given the lack of documentation of conservative care noted. Guidelines typically only recommend the role of a TENS device in a program of adjunct evidence based functional restoration as a supportive agent. Given the above the request is not medically necessary and appropriate.