

Case Number:	CM13-0055597		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2009
Decision Date:	03/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 applicant has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; an ankle support; and a 7% whole-person impairment rating through an Agreed Medical Evaluation. In a July 9, 2013 progress note, the applicant is described as presenting with 8/10 ankle pain. She has had multiple corticosteroid injections as well as acupuncture. The applicant is an insulin dependent diabetic, it is noted. She is morbidly obese with a BMI of 38. A repeat ankle MRI versus bone scan and weight loss programs are sought. A February 4, 2013 Medical Legal Evaluation is notable for comments that the applicant has not returned to work. Multiple progress notes interspersed throughout 2013 are notable for comments that the applicant is given ankle corticosteroid injections, including on May 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of an electrical stimulator and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116..

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support purchase of TENS unit in those individuals with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed and who have completed a successful one-month trial of said electrical stimulator/TENS device; in this case, however, there is no evidence that the claimant has in fact had a successful one-month trial of said TENS device. There is no evidence of improved pain and/or function effected as a result of a prior trial of a TENS device. The applicant seemingly remains highly dependent on ankle corticosteroid injections and does not appear to have returned to work, several years removed from the date of injury. Several progress notes provided do not make any mention of the applicant having completed a prior successful one-month trial of an electrical stimulator or TENS device. Therefore, the proposed electrical stimulator and associated supplies are not certified, on Independent Medical Review.