

Case Number:	CM13-0064026		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2013
Decision Date:	07/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine, and is licensed to practice in Texas. 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 55 year old male whose date of injury is 5/10/13. The mechanism of injury was falling from an eight foot fence. X-rays on 5/17/13 showed a compression fracture at L4, and this was confirmed by MRI from 6/20/13. The injured worker was treated conservatively with medications (hydrocodone. Etodalic, Tylenol), a back brace, physical therapy/home exercise program, and acupuncture. The records reflect that the injured worker complains of low back pain and denies any lower extremity radiculopathy per office notes dated 07/29/13. Progress report dated 10/04/13 indicates that the injured worker complains of ongoing aching low back pain rated 6-7/10 on the visual analog scale, aching buttocks pain at 6-7/10, and hip pain at 6-7/10. Physical therapy and acupuncture were discontinued due to the positive benefit of the home exercise program. On physical examination there is lumbar spine midline tenderness, motion is reduced with end range pain, gait is normal with intact neurologic examination, and deep tendon reflexes are also intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO STIM 5.0 UNIT WITH SUPPLIES X 90 DAYS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118, 121.

Decision rationale: There is no strong scientific evidence of effectiveness of transcutaneous electrical nerve stimulation (TENS) for chronic pain. Other forms of electrical stimulation including interferential, NMES, and galvanic stimulation are not supported by current guidelines. Per the progress note dated 11/15/13, the injured worker states that his pain has improved significantly after receiving a TENS unit; however, no treatment logs were provided with documentation of how often the unit was used. Also, there is no objective documentation of outcome in terms of pain relief, increased function, or reduced need for medications. There is no justification for the proposed unit that incorporates multiple modalities of electrical stimulation. As such, the request is not medically necessary.