

Case Number:	CM13-0071456		
Date Assigned:	01/08/2014	Date of Injury:	01/14/2013
Decision Date:	04/30/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 patient is a 22-year-old male with a date of injury of 01/14/2013. The mechanism of injury was the patient was lifting about 100 pounds and was sliding when he experienced pain the low back. The patient's diagnosis is lumbar spine sprain/strain, right side. The documentation of 11/05/2013 revealed the patient had complaints of pain in the lumbosacral spine, radiating down the bilateral lower extremities. The physical exam revealed moderate pain with palpation of paraspinal muscles, moderate spasms noted of the paraspinal muscles. The straight leg raise test was positive on the right. The treatment included medications, an MRI of the lumbar spine, EMG/NCV, an FCE, physical therapy, acupuncture and DME including a muscle stimulator unit, cold and heat therapy unit, a home exercise kit and a lumber spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLACE MULTI STIMULATION UNIT AND SUPPLIES FOR 5 MONTH RENTAL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: A one month trial of a TENS unit is recommended if it is used 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. Clinical documentation failed to meet the above criteria. There was a lack of documentation indicating the rationale for 5 months of usage as it is recommended for a one month trial. The request as submitted indicated the request was for a Solace multi stimulation unit, however, the physician documentation requested a TENS unit. Given the above and the lack of clarification and the lack of exceptional factors, the request for a Solace multi stimulation unit and supplies for 5 month rental is not medically necessary.