MAXIMUS Federal Services

Case Number:	CM13-0072474		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2013
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; topical compounds; earlier lumbar fusion surgeries; unspecified amounts of acupuncture over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of December 9, 2013, the claims administrator denied request for a dual electrical stimulator for 12 months and associated supplies. The applicant's attorney subsequently appealed. The claims administrator based the denial on the fact that the dual electrical stimulator included a modality, EMS, which is not supported by the MTUS Chronic Pain Medical Treatment Guidelines. A May 3, 2013 progress note is notable for comments that the applicant is having persistent low back pain status post fusion surgery and is off of work, on total temporary disability. A clinical progress note of September 12, 2013 is sparse, handwritten, difficult to follow, not entirely legible. The applicant does report multifocal neck and low back pain. Extracorporeal shock wave therapy, pain management consultation, manipulative therapy, and acupuncture were endorsed at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUAL ELECTRICAL STIMULATOR FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Page(s): 116, 121. Decision based on Non-MTUS Citation Dual Combo TENS EMS Muscle Stimulator Unit (LG-TEC) www.l medsupply.com Muscle Stimulators

Decision rationale: No, the proposed dual electrical stimulator for 12 months is not medically necessary, medically appropriate, or indicated here. The components in the device are not clearly stated. However, based on the product description, the device appears to represent an amalgam of conventional TENS therapy and electrical muscle stimulation (EMS), a form of neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended in the chronic pain context present here. Rather, neuromuscular stimulation should be reserved for the post-stroke rehabilitation context, the MTUS further notes. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary along with the request for authorization or application for independent medical review so as to try and offset the unfavorable MTUS recommendation. It is further noted there is no evidence that a successful one-month trial of the device in question had been completed before a request of purchase of the device had been sought. Therefore, the request is not certified, on Independent Medical Review.

SUPPLIES FOR DUAL ELECTRICAL STIMULATOR FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Page(s): 116, 121. Decision based on Non-MTUS Citation Dual Combo TENS / EMS Muscle Stimulator Unit (LG-TEC) www.lgmedsupply.com/Muscle_Stimulators

Decision rationale: Similarly, the associated 12 months of supplies are likewise not medically necessary, medically appropriate, or indicated here. As noted previously, the device in question was not certified above, in response #1, on the grounds that one of the components in the device is not recommended in the chronic pain context present here. Since the device in question has been recommended for non-certification, the associated supplies are likewise not certified, it is further noted.