

Case Number:	CM14-0000862		
Date Assigned:	01/17/2014	Date of Injury:	03/15/2012
Decision Date:	04/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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:

This is a 47 year old male patient s/p injury 3/15/12. The patient suffered a right foot crush injury. He has had lumbar sympathetic blocks for pain relief. He has tried medications. 9/24/13 report identifies that the patient has burning, hot pain in the right leg, ankle, and foot. There is swelling, edema, and redness in the right foot. Right ankle joint is tender to palpation and there is right ankle effusion. The patient has a flare of RSD. 12/13/13 progress report states that the patient reports pain in the lower extremity getting worse with swelling, color change, and skin peeling. There is swelling, edema, and redness around the foot. There is allodynia. Psychological clearance for spinal cord stimulator is recommended. There is documentation of a 12/11/13 adverse determination due to lack of evidence based guidelines support for NMS electrotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-3 STIMULATOR X 3 MONTHS RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 120.

Decision rationale: The Med3 Stimulator is a NMES stimulator. CA MTUS Chronic Pain Treatment Guidelines state that NMES are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. Given lack of evidence based guidelines support for the stimulator unit, the request for associated equipment is not medically necessary.

ELECTRODES 2" WITH REFILL FOR 99 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SLEEVE L9 AND SOCK L9 WITH REFILL FOR 99 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.