MAXIMUS Federal Services

Case Number:	CM14-0012155		
Date Assigned:	02/21/2014	Date of Injury:	06/26/2009
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation 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 49-year-old female who reported an injury on 06/26/2009; the mechanism of injury was not provided. The clinical note dated 12/10/2013 noted the injured worker presented with complaints of aching and burning pain in the back and bilateral legs, with numbness and tingling. The injured worker states that cold weather, prolonged standing and walking, and repetitive activities increase her symptoms. Upon physical exam, there was lumbar paraspinal muscle tenderness and muscle spasm and guarding, tight hamstrings bilaterally, range of motion restriction, and lower extremity reflexes are +2 bilaterally and symmetrical. The diagnoses were L4-5 disc herniation, L4-5 left-sided stenosis, and left lower extremity radiculopathy. Previous treatments included Neurontin. The provider requested a 90 day rental of a durable medical equipment [redacted] Multi Stim unit with electrodes and batteries. The provider's rationale was not included in the medical documents. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90-DAY RENTAL OF DURABLE MEDICAL EQUIPMENT (DME): [redacted] MULTI STIM UNIT WITH ELECTRODES AND BATTERIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and Neuromuscular electrical stimulation (NMES devices) Page(s): 1.

Decision rationale: The request for a 90 day rental of durable medical equipment (DME) [redacted] Multi Stim unit with electrodes and batteries is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive; the published trials did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, or did they answer questions about long term effectiveness. The guidelines further state that neuromuscular electrical stimluation is 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 who just gain benefit from NMES for chronic pain. The provider's request for [redacted] Multi Stim unit is a combination of a TENS and NMES. The guidelines recommend a 30 day trial for the TENS unit and the NMES is not recommended. Therefore, the request for [redacted] Multi Stim unit would not be warranted. There is a lack of documentation indicating significant deficits upon physical exam. The injured worker's previous courses of conservative care were not provided in the medical documents. There was no rationale given as to how the [redacted] Multi Stim unit would provide the injured worker with functional restoration. As such, the request is not medically necessary.