

Case Number:	CM14-0012594		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2013
Decision Date:	10/03/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation 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 injured worker is a 59-year-old male with a reported date of injury on 04/24/2013. The injury reportedly occurred while the injured worker was performing his duties as a deputy sheriff. The injured worker presented with low back and leg pain. Upon physical examination, the injured worker presented with lumbar tenderness and positive straight leg raise on the left. There was limited active range of motion noted. Previous conservative care included acupuncture and 12 visits of physical therapy; the results of which were not provided within the documentation provided for review. The injured worker's diagnosis included lumbar spine sprain/strain. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for inferential stimulator 2 month rental with supplies (electrodes, batteries, wipes and lead wire) was submitted on 01/28/2014. The rationale for the request was not provided in the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Stimulator 2 month rental with supplies (electrodes, batteries, wipes and lead wire): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): page(s) 114..

Decision rationale: The California MTUS Guidelines state electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-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. Criteria for the TENS unit would include documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, and a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation provided for review indicates the injured worker previously participated in physical therapy and acupuncture. The clinical note dated 11/12/2013 indicates the injured worker's pain decreased by 4 points on the VAS pain scale related to acupuncture. In addition, the physician notes that the injured worker no longer feels pain radiating into the left knee, and pain along the lateral thigh is mild. The documentation provided indicates that the injured worker has received relief from acupuncture. There is a lack of documentation that appropriate pain modalities have been tried and failed. There is a lack of documentation related to the ongoing use of physical therapy or conservative care along with the TENS unit. The clinical information lacks documentation related to the treatment plan including the specific short and long term goals of treatment with the TENS unit. Therefore, the request for inferential stimulator 2-month rental with supplies (electrodes, batteries, wipes and lead wire) is not medically necessary and appropriate.