

Case Number:	CM14-0111054		
Date Assigned:	08/01/2014	Date of Injury:	11/23/2013
Decision Date:	10/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 25 year old female with a reported date of injury of 11/23/13. The mechanism of injury reported was a pallet falling, causing injury and pain to her lower back and left ankle. PR-2 report dated 5/21/14 noted that the injured worker reports the on-going lower back pain, although pain has improved. Injured worker rated the pain on a visual analogue scale as 3/10. Physical examination revealed that the injured worker ambulates with a normal heel to toe gait. There is diffuse tenderness to palpation of the lumber spine at L2-L3, L4-L5, and L5-S1. There is also tenderness at the bilateral sacroiliac joints. Tenderness over the anterior talofibular ligament and left Achilles, and pain exists at extreme inversion. Diagnoses are Lumber spine discopathy, mechanical low back pain, and left ankle Achilles sprain. The injured worker had 6 sessions of physical therapy which have helped. The current request is for Multi-Stim unit plus supplies 3 months rental, which was denied in a prior utilization review on the 6/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Stim unit plus supplies 3 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114-117, 120, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The claimant has chronic low back and left ankle pain. There is no documentation in the notes 5/21/14 of any ongoing functional gains from the use of that unit. CAMTUS and ODG support the use of electrotherapy as an adjunctive measure in conjunction with evidence based functional restoration for the chronic low back pain. Generally there is a one month trial in order to document efficacy prior to purchase or long term use. No such trial is documented. Therefore the request for 3 months is not medically necessary and not supported by the appropriate documentation such that its remains not medically necessary.