

Case Number:	CM14-0130181		
Date Assigned:	08/20/2014	Date of Injury:	05/30/2013
Decision Date:	10/03/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/14/2014

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 Louisiana. 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 patient is a 53 year old male who was injured on 05/30/2013 when he tripped over an electrical box. Prior medication history included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. Progress report dated 07/08/2014 indicates the patient presented with complaints of burning radicular pain in the low back with muscle spasms rated as 5-6/10. He reported knee pain, left leg pain and sleeping difficulty. He reported his medications offer him temporary relief of pain and improve his ability to have a restful sleep. On exam, the lumbar spine revealed low back and left buttock pain with help walking. Toe touch causes low back pain. There is tenderness over the paraspinal and quadratuslumborum muscles with trigger point on the left side. The left knee exam revealed 2+ effusion. There is tenderness over the prepatellar bursa and over the medial joint line. The left lower extremity revealed 1+ effusion at the left lower extremity and full range of motion. The patient is diagnosed with lumbar disc displacement; lumbar radiculopathy; derangement of posterior horn of medial and lateral meniscus, left lower extremity pain and swelling, sleep disorder. The patient was recommended to continue medications and was recommended for TENS unit with supplies as per note dated 03/27/2014 (note not available for review). Prior utilization review dated 07/19/2014 states the requests for 1 Neuromuscular Stimulator (TENS-EMS unit) RETRO 3/27/2014; 1 Repositionable Electrodes, 9 Volt Batteries and Bifurcated Lead Wires RETRO 3/27/2014; and 1 delivery or set up of durable medical equipment RETRO 3/27/2014 are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neuromuscular Stimulator (TENS-EMS unit) RETRO 3/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Neuromuscular Electrical Stimulator is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. It can also be used to enhance the ability to walk in spinal cord injuries by emitting electrical impulses to stimulate paralyzed or weak muscles. In this case, there are no documentation that indicate any spinal cord injuries or stroke to support the necessity of this kind of treatment therefore, this is not medically necessary.

1 Repositionable Electrodes, 9 Volt Batteries and Bifurcated Lead Wires RETRO 3/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain , TENS

Decision rationale: As the Neuromuscular Electrical Stimulator requested was deemed not medically necessary, there is no necessity for repositionable electrodes, 9 volt batteries, and bifurcated lead wires. Therefore, the supplies are not medically necessary.

1 delivery or set up of durable medical equipment RETRO 3/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain , TENS

Decision rationale: As the Neuromuscular Electrical Stimulator requested was deemed not medically necessary, there is no necessity for 1 delivery or set up of durable medical equipment. Therefore, the request is not medically necessary.