

Case Number:	CM14-0133380		
Date Assigned:	08/22/2014	Date of Injury:	11/08/2013
Decision Date:	11/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 patient is a 48-year-old female who has submitted a claim for thoracolumbar spine degenerative joint disorder associated with an industrial injury date of 11/08/2013. Medical records from 03/03/2014 to 06/30/2014 were reviewed and showed that patient complained of low back pain graded 8-9/10. Physical examination revealed decreased lumbar ROM, positive spasms over lumbar paraspinals, and positive SLR tests bilaterally. Of note, there was no documentation of a recent or previous stroke. Treatment to date has included acupuncture, chiropractic therapies, and pain medications. Of note, it was unclear if the patient was active in a rehabilitation program. Utilization review dated 08/11/2014 denied the request for Lumbar Home Exercise Rehab Kit [REDACTED] Multi Stim Unit Plus Supplies 5 times a month rental because there was no rationale provided as to why electrical stimulator device and home exercise kit would be needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Home Exercise Rehab Kit [REDACTED] Multi Stim Unit Plus Supplies 5 times a month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Neuromuscular Electrical Stimulatio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, Interferential Current Stimulation, Neuromuscular Electrical Stimulation Page(s): 114-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise equipment and durable medical equipment

Decision rationale: A search of online resources showed that Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. Regarding exercise kits, ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The ODG Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, the patient complained of low back pain. However, it is unclear if the patient is currently participating in a rehabilitation program to support the use of [REDACTED] multi-stim unit. The guidelines do not recommend the use of TENS and interferential current stimulation as primary mode of treatment. Furthermore, there was no documentation of stroke to support NMES use. The request for 5-month rental cannot be justified, as there was no previous one-month trial of TENS, ICS, or NMES. The guidelines require a one-month trial of electrical stimulation therapy with documentation of frequency of use and functional improvement prior to treatment extension. Regarding lumbar home exercise kit, the exact content of the exercise kit was not described in the progress reports. It is unclear if the included equipment will be considered for medical treatment. The medical necessity has not been established at this time due to lack of information. Therefore, the request for Lumbar Home Exercise Rehab Kit [REDACTED] Multi Stim Unit Plus Supplies 5 times a month rental is not medically necessary.