

Case Number:	CM14-0139809		
Date Assigned:	09/08/2014	Date of Injury:	06/15/2011
Decision Date:	10/14/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/28/2014

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 42 year old male who reported injury to his low back and left knee. No information was submitted regarding the initial injury. A clinical note dated 01/14/14 indicated the injured worker complaining of low back pain radiating into the lower extremities. The injured worker utilized Norco and TENS unit for pain relief. The injured worker was also experiencing numbness and tingling in the right lower extremity. Upon exam, the injured worker demonstrated 0-138 degrees of range of motion at the left knee. The utilization review dated 08/23/14 resulted in denial for home electrical stimulation unit as insufficient information had been submitted of the response to continued use of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The injured worker utilized electrical stimulation device in the past. Continued use of an electrical muscle stimulator is indicated for injured workers who have

demonstrated a functional improvement objectively. No objective data was submitted confirming a positive response to the device. Without this information in place, it is unclear if the injured worker would benefit from the ongoing use of this modality. Given this, the request is not indicated as medically necessary per MTUS guidelines.