

Case Number:	CM14-0152006		
Date Assigned:	09/22/2014	Date of Injury:	02/17/2009
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old male with a work injury dated 2/17/09. The diagnoses include degenerative disc disease, plantar fasciitis. There is a primary treating physician report dated 7/29/14 that states that the patient continues to have left foot pain which is worse with activity and especially at night. He rates the pain at a 4/10. It is mainly localized to the plantar aspect of the first metatarsal. He does have a history of plantar fasciitis. He continues to have neck pain that radiates into his left arm and hand with associated numbness and tingling mainly into digits 1,2,3. The AME said this is non-industrial. The numbness and tingling have been progressively becoming worse. The patient takes Norco very intermittently for his back pain. He has not been taking Norco for the past two weeks, that explains why his urine drug screen did not detect Norco. However, he does take Trazodone nightly and it is not clear why Trazodone was not detected. Patient continues to work full-time as an attorney. He has back and bilateral hip pain. The back pain radiates to this left leg. The treatment plan states that authorization is requested for a home exercise kit for the patient's back, as the patient continues to have pain in these areas and this would help the patient become independent with a home exercise program. There is a request for a Home Exercise Kit to assist in strengthening and to improve range of motion to the affected body part. There is a request for authorization for a stim unit for the patient's left foot for pain management. There is a request for the Solace Interferential Unit as a monthly rental unit and should be used for 30 minutes 3-5 times daily to aid in pain reduction, reduction of edema and/or accelerate rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit (solace brand) x 5 month rental QTY: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation, TENS. Decision based on Non-MTUS Citation solace medical company website

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) p.114-116

Decision rationale: Multi-stim unit (solace brand) x 5 month rental QTY: 5 is not medically necessary per the MTUS guidelines. Solace multi-stim unit includes neuromuscular, interferential and TENS therapy. The MTUS guidelines state that neuromuscular electrical stimulation (NMES devices) is not recommended for chronic pain. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. In regards to interferential therapy, the guidelines state that a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention by the MTUS Guidelines. The documentation do not support a 5 month rental of TENS or interferential units. MTUS guidelines recommend a one month trial of TENS. The TENS unit is to be used "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The MTUS guidelines in general do not support neuromuscular electrical stimulation therefore the request for a multi-stim unit (solace brand) x 5 month rental QTY: 5 is not medically necessary.

1 request for electrodes x 5 months QTY: 8 pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 request for lead wires x 1 QTY:2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 request for an adapter x 1 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 request for an installation x 1 QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 request for a lumbar home exercise rehab kit purchase QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines neck and upper back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE; PHYSICAL MEDICINE Page(s): 46-47; 98-99.

Decision rationale: 1 request for a lumbar home exercise rehab kit purchase QTY: 1 is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The request for a lumbar home exercise rehab kit purchase qty: 1 is not medically necessary.