

Case Number:	CM14-0152873		
Date Assigned:	09/23/2014	Date of Injury:	08/20/2013
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Illinois. 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 36-year-old male who reported an injury on 08/20/2013. He sustained an industrial injury to the neck, mid and low back, and bilateral lower extremities while en route delivering packages. The injured worker's treatment history included x-rays, medications, urine drug screen, topical medications, MRI studies, acupuncture therapy, physical therapy, and toradol injections. The injured worker was evaluated on 08/26/2014, and it was documented the injured worker stated that the topicals did not provide much relief. He described a stabbing pain just distal to his left shoulder blade that radiated to the anterior chest. He described a constant, sharp pain in a band like distribution across his low back without radiation. He reported numbness and tingling of the right lower extremity to the level of his knee. The injured worker stopped going to physical therapy, stating that it made his pain worse after physical therapy. Examination of the lumbar spine revealed flexion was 60 degrees, extension was 10 degrees, and lateral flexion was 20 degrees bilaterally. There was positive tenderness to palpation of the supraspinous ligament, L1 and sacrum, and positive tenderness to palpation at the left erector spinae. There was positive tenderness to palpation at the inferior border of the left scapulae. Diagnoses included low back pain, multilevel degenerative disc disease, thoracolumbar myoligamentous sprain/strain, and thoracolumbar myofascial pain. The Request for Authorization dated 08/26/2014 was for multistim unit supplies for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS Page(s): 114-116.

Decision rationale: The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based Tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous physical therapy sessions stating he stopped going because it made his pain worse after treatment. The provider failed to indicate long- term functional goals for the injured worker. Additionally, the request failed to include frequency and body location where the Multi Stim Unit -Plus should be used on the injured worker. Given the above, the request for Multi-stim unit & supplies (rental or purchase) is not medically necessary.