

Case Number:	CM14-0020098		
Date Assigned:	04/23/2014	Date of Injury:	12/16/2011
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 59 year old female reported an injury on 12/16/2011 secondary to a fall. The clinical note dated 12/02/2013 reported the injured worker complained of pain to the lower back, right hip and tingling to the lower right extremity. The physical examination stated the injured worker had decreased range of motion to the lumbar spine and positive orthopedic tests to include Kemp's, Milgram's, Minor's, Lasegue's, and Braggard's. The diagnoses included lumbar strain, rule out disc herniation, right hip strain, rule out internal derangement, and lumbosacral radiculitis. The requested treatment included chiropractic care, physical therapy, MRI of the lumbar spine and right hip, electrodiagnostic studies for the lower extremities, an [REDACTED] neurostimulator or pain control between office visits, and a lumbar support to restrict mobility. The request for authorization was submitted on 04/23/2014 for the rental of [REDACTED] neurostimulator for 90 days to help control pain between office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: RENTAL OF [REDACTED] NEUROSTIMULATOR FOR 90 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The injured worker has a history of pain to her lower back, hip and tingling throughout her right lower extremity. The CA MTUS does not recommend a TENS unit as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. The information provided for review states the treatment requested included chiropractic care and physical therapy along with a neurostimulator in adjunct for pain relief which would warrant the use of a neurostimulator for a one-month home-based trial. However, there is no documentation provided to show evidence the injured worker has participated in or completed conservative care or achieved any functional restoration from conservative care. In addition, the request for a 90-day rental would exceed guideline recommendations for the initial trial. Therefore, the request for DME: Rental of [REDACTED] Neurostimulator for 90 days is not medically necessary and appropriate.