

Case Number:	CM14-0026168		
Date Assigned:	06/13/2014	Date of Injury:	02/04/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 61 year old male whose date of injury is 02/04/2013. He fell sideways off of a 4-foot ladder and landed on his left side. He sustained left sided rib fractures. Lumbar MRI dated 04/26/13 revealed disc bulges L1-2 through L5-S1. Note dated 09/19/13 indicates that he complains of residual low back pain. He would like to proceed with epidural steroid injection now that he has completed a course of physical therapy. Diagnoses are history of fracture left ribs, thoracic strain with multilevel bulging disc, and lumbar strain with bulging disc. Follow up report dated 11/27/13 indicates that the injured worker is not currently receiving any modes of treatment. Note dated 12/17/13 indicates that the injured worker was recommended for a course of aquatic therapy as well as lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME-BASED TRIAL OF NEUROSTIMULATOR TENS-EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for one month home based trial of neurostimulator TENS-EMS is not recommended as medically necessary. The submitted records indicate that the injured worker was previously authorized to undergo a one month trial of TENS; however, the injured worker's response to this trial is not documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CA MTUS guidelines.