

Case Number:	CM14-0027415		
Date Assigned:	06/13/2014	Date of Injury:	12/15/2010
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 60-year-old male who reported an injury on 12/15/2010. The injury reported was when the injured worker lifted a deck of stairs by himself. The diagnoses include back and leg pain, status post L4-S1 lumbar fusion and revision decompression, right sided ulnar neuritis postoperative, anxiety. Previous treatments include bone growth stimulator, back brace, medications, physical therapy. Within the clinical note dated 02/18/2014 it was reported the injured worker complained of persistent aching pain in his low back. He rated his pain 6/10 to 7/10 in severity. The injured worker complained of bilateral calf pain. He complained of right foot pain with pins and needles sensation in both feet. Upon the physical examination the provider noted tenderness to palpation over the paraspinal musculature of the thoracic and lumbar spine. Muscle spasms were noted in the lumbar spine on the right. The range of motion of the lumbar spine was flexion at 25 degrees and extension at 20 degrees. Sensation testing with a pinwheel was normal. The request submitted is for a Pro-Tech multi stim unit with supplies. However, a rationale is not provided for clinical review. Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-TECH MULTI STIM UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK AND KNEE & LEG CHAPTERS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for Pro-Tech multi stim unit with supplies is non-certified. The injured worker complained of persistent aching in his low back. He rated his pain 7/10 in severity. The injured worker complained of bilateral calf pain. He complained of right foot pain with pins and needles sensation in both feet. California MTUS Guidelines do not recommend a TENS unit as primary treatment modality. A 1 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. There is evidence that other appropriate pain modalities have been tried, including medication, and failed. The results of the study are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon the physical examination. There is lack of documentation indicating the efficacy of the injured worker's prior course conservative therapy. There is lack of documentation indicating whether the injured worker has undergone an adequate trial for the Pro-Tech unit. The request submitted failed to provide a treatment site. The request submitted failed to provide whether the provider was indicating the injured worker to rent or purchase the unit. There is lack of documentation including the duration of time the provider is wanting the injured worker to utilize the unit. Therefore, the request is not medically necessary.