

Case Number:	CM14-0063392		
Date Assigned:	07/11/2014	Date of Injury:	05/15/1999
Decision Date:	08/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 72-year-old with a reported date of injury on May 15, 1999. The injured worker's diagnosis included history of L4-5, L5-S1 laminectomy and discectomy and chronic lumbar spine pain. The injured worker utilizes the aid of a single-point cane for ambulation. Diagnostic studies were not provided within the documentation available for review. The injured worker presented with shuffled gait and tenderness to palpation of the lumbar paraspinal region. There was equal strength throughout the lower extremities. The injured worker presented neurologically intact with decreased strength throughout. The injured worker's medication regimen included Norco and alprazolam. The physician indicated that the MEDS 4 unit with garment was requested to assist in pain control and decreasing muscle spasms. The rationale for the request was not provided within the documentation available for review. The request for authorization for MEDS 4 INF stimulator with garment, rental for 3 months was submitted on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A three month rental of a MEDS 4 INF stimulator with garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neuromuscular Electrical Stimulation.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend transcutaneous electric therapy in the treatment of pain. A TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality, but 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, for the conditions described. Recommendations by types of pain would include a home-based treatment trial of 1 month may be appropriate for neuropathic pain and cramps. For spasticity, TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. There is a lack of documentation related to the injured worker complaining of spasms and spasticity. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of the VAS pain scale. In addition, the guidelines recommend 1 month trial for the use of a TENS unit, in adjunct to a program of evidence-based functional restoration. There is a lack of documentation related to the use of physical therapy in addition to the TENS unit. In addition, the request for three month rental exceeds recommended guidelines. Therefore, the request for a three month rental of a MEDS 4 INF stimulator with garment is not medically necessary or appropriate.