

Case Number:	CM14-0066965		
Date Assigned:	07/11/2014	Date of Injury:	05/17/2012
Decision Date:	09/25/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 underlying date of injury in this case is 05/17/2012. The date of the utilization review under appeal is 04/14/2014. The reported diagnoses include lumbar radiculopathy and lumbar disc disease. On 03/26/2014, a PR-2 report from the treating physician noted the patient was seen regarding neck pain, lower back pain, and right shoulder pain. The patient's pain level had decreased since the prior visit. The patient's sleep quality was poor. The patient reported that an epidural injection had been very helpful to reduce his pain and allow him to walk more. The diagnoses were noted as cervical and lumbar radiculopathy, cervical disc disorder, lumbar degenerative disc disease, and muscle spasm. The treatment plan included a request for home cervical traction as well as continued use of a TENS unit which was helpful to reduce the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM Combo Stim unit purchase with HAN & Electrodes and batteries for 3 mos. for LS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trans Cutaneous Electrotherapy. Decision based on Non-MTUS Citation http://goldenstatemedical.net/pdfs/GSM_HD_combo_flyer1.pdf.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Transcutaneous Electrotherapy, beginning on page 114, discuss electrical modalities individually. This guideline does not recommend combination stimulator units such as requested currently. A combination stimulator would include, for example, neuromuscular electrical stimulation, which the treatment guidelines specifically do not recommend for chronic pain. The medical records in this case discuss that this patient has reported benefit from a TENS unit; it is not clear why the patient would require a combination unit rather than continuation of a TENS unit which has already been reported to be effective. For these reasons, the requested combination unit is not supported by the treatment guidelines. This request is not medically necessary.