

Case Number:	CM14-0067312		
Date Assigned:	07/11/2014	Date of Injury:	07/07/2013
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38-year-old male who sustained an injury to his low back on 07/07/13 while performing his usual and customary duties as a merchandise stocker; he was opening a cooler when he slipped on water that was on the floor and fell. The injured worker stated that he landed on his entire back outstretching his right leg/knee awkwardly. The injured worker experienced an immediate onset of pain in his low back and right knee. He was taken to the clinic and plain radiographs were taken. He was provided with pain medications and received an additional regimen of 12 physical therapy visits. He was released back to work with restrictions. MRI of the right knee without contrast dated 04/21/14 revealed probable partial thickness oblique linear tear of the attached margin of the posterior horn of the medial meniscus (age indeterminate); otherwise normal with no lateral meniscus or ligament tear. EMG/NCS was performed on 06/25/14 that revealed normal EMG/NCS of the bilateral lower extremities; no evidence of lumbosacral radiculopathy or peripheral neuropathy. Physical examination noted numbness in the back; straight leg raise positive bilaterally; pin prick sensation normal; motor exam and reflexes normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combo-STIM Electrotherapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The previous request was denied on the basis that evidence based literature to support the efficacy of combination units is not found at this time. The need for the individual components has not been established as well. Moreover, it is unclear whether the current request is for a rental or a purchase of the device. With these reasons, the requested combo STIM electrotherapy for the lumbar spine was not deemed as medically appropriate. The CAMTUS states that treatment with this modality is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative treatment, if used as an adjunct to a program of evidence based functional restoration. There was no indication that the injured worker is currently in physical therapy or is actively participating in a home exercise program. The CAMTUS also states that while TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Given this, the request for Combo-STIM Electrotherapy Lumbar is not medically necessary.