

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0071431 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/05/2013 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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, has a subspecialty in Pain Management 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 34year old male who sustained an industrial injury on 2/05/2013. While lifting a pipe, he felt pain in his lower back. According to the 2/10/2014 progress report, the patient's low back continues to bother him. He has aching and burning that radiates to his left lower extremity. He also has aching in both knees. He takes Norco and ibuprofen which helped decrease symptoms. Physical examination documents mild limp, hypo-lordosis, tenderness and spam to palpation, 50 degrees flexion, 20 degrees extension and side bending, and positive SLR on the left. Strength is intact, sensation is diminished in left L5 and S1, but also noted as intact, and reflexes are 1+ and symmetrical. Diagnosis is L5-S1 disc protrusion with left lower extremity radiculopathy and facet joint pain. The patient is prescribed Norco with 3 refills, Voltaren gel with 3 refills, and recommended pain management consult for consideration of LESI. A 3/21/2014 addendum report appears to indicate a Pro-Tech Multi-Stim device is requested for 30 day trial, and states the patient may need 90 day trial for optimal results. The device is a form of TENS. A DME request dated 3/21/2014 is for a Pro-Tech Multi-Stim device for 90 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES A4556: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: The medical records fail to establish the requested ProTech Multi-Stim unit is appropriate and medically necessary for the management or treatment of this patient's diagnosis. Therefore, any and all adjunctive DME equipment is also not medically necessary. The request is not medically necessary.

BATTERIES A4630: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: The medical records fail to establish the requested ProTech Multi-Stim unit is appropriate and medically necessary for the management or treatment of this patient's diagnosis. Therefore, any and all adjunctive DME equipment is also not medically necessary. The request is not medically necessary.

PRO TECH MULTI STIM UNIT 90 DAYS TRIAL PLUS 3 MONTHS SUPPLIES:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the CA MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-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 following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is participating in a functional restoration program as treatment of any of these above listed conditions. The medical records do not establish that the patient is a viable candidate for a TENS unit rental, as there is no evidence in the medical records that he has any of these conditions. The medical necessity of the request for 90 day ProTech Multi Stim unit rental is not established in accordance with the guidelines.