

Case Number:	CM14-0081878		
Date Assigned:	07/28/2014	Date of Injury:	06/06/2011
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 35-year-old male who reported an injury on 06/06/2011 due to a fall. The injured worker's diagnoses were myoligamentous lumbar spine strain or sprain. The injured worker's past treatments included a TENS unit for in home use, physical therapy, acupuncture, and medication. The injured worker past diagnostics were an x-ray, emg/ncv and an MRI scan. The injured worker has not had any prior surgeries. The injured worker complained of constant aching low back pain that radiates to the legs. The injured worker rates the pain at rest as a 4/10 and with activity 8/10. Pain increased with sitting, lying, lifting, or carrying. Pain was decreased with medication, rest, ice, heat and sleeping. On physical examination dated 04/17/2014, there was tenderness to palpation over the paraspinal muscles, more tenderness on the left than the right. There were palpable spasms, more on the left than the right. Active range of motion flexion, extension, right lateral bending, and left lateral bending all had 100%. The injured worker's medications were Advil. The treatment plan was for the request for Meds-4 IF Unit with garment. The rationale for the request was for home use. The authorization for request form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF Unit with garment: Upheld

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

Official Disability Guidelines http://www.odg-twc.com/odgtwc/low_back.htm ; Electrical Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation page(s) 118-120, Neuromuscular electrical stimulation (NMES devices), page 121 Page(s): 118-120; 121.

Decision rationale: The request for Meds-4 IF Unit with garment is not medically necessary. The California MTUS Guidelines states that the inferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, medication, and limited evidence of improvement on those recommended treatments alone. California MTUS Guidelines state neuromuscular electrical stimulation is not recommended and is primarily used as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Guidelines further state a "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The injured worker complains of constant aching low back pain that radiates to the legs and rates the pain at 4/10 while at rest and 8/10 with activity. There was documentation in medical records that the injured worker had been treated conservatively with, physical therapy, TENS unit, and acupuncture. However, there was lack of documentation as to the outcome of these past treatments. There was no mention in the documentation of the benefit from the prior treatments in regards to functional deficits. There was no provider's treatment plan documented as to any other program that was going to be used in conjunction with the unit. There was a lack of documentation indicating the injured worker could not apply the stimulation pads alone or with the help of another available person. The request as submitted did not indicate whether the unit was being requested for rental or purchase. As such, the request for Meds-4 IF Unit with garment is not medically necessary.