

<b>Case Number:</b>	CM14-0086277		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & 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 57-year-old male, who reported an injury after cumulative trauma on 03/03/2011. The clinical note dated 05/12/2014 indicated thoracic spine degenerative joint disease and degenerative joint disease of the knees. The injured worker reported his knees were doing well and rated his pain 2/10, and injured worker reported physical therapy was helping the thoracic spine. The injured worker reported he utilized occasional NSAIDs, muscle relaxer for mild aching to the thoracic spine that was rated 2/10. Injured worker reported the E-stim was helping a lot. On physical examination, the injured worker had decreased spasms and increased mobilization and increased range of motion and strength as well as endurance to the thoracic spine. The injured worker's treatment plan included return to clinic in 6 week, request for E stim for home use for purchase, request foam roller, and request AME report. The injured worker's prior treatments included diagnostic imaging and physical therapy and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for E-stimulator and foam roller. A Request for Authorization dated 05/14/2014 was submitted for E-stimulator and foam roller. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The request for E Stimulator is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There was lack of documentation indicating significant deficits upon physical examination. In addition, it was not indicated as to how the E-stimulator unit will provide the injured worker functional restoration. Additionally, it was not indicated whether the injured worker needed to rent or purchase the E-stimulator unit. Furthermore, the request did not indicate a body part for the E-stimulator. Therefore, the request is not medically necessary.

**Foam Roller:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The request for Foam Roller is not medically necessary. The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The documentation submitted did not indicate the injured worker had findings that would support a medical need for the foam roller. In addition, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

