MAXIMUS Federal Services

Case Number:	CM14-0097291		
Date Assigned:	07/28/2014	Date of Injury:	07/18/2012
Decision Date:	11/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 60-year-old female who sustained a work related injury on 07/18/2014 as result of cleaning a client's toilet when she felt severe low back pain radiating to the left lower extremity with swelling to the left knee / ankle, mid back and trapezius. Since then she has complained of lower back pain that radiates down her legs to her ankles with the pain rated as 4/10. Upon examination she has diffuse tenderness to palpation over the paraspinal musculature with moderate facet tenderness over the L5 and S1 levels. There is bilateral positive orthopedic testing that includes sacroiliac tenderness, FABERE, Sacroiliac Thrust, Yeoman's and Kemp's Test with appreciable decreased range of motion. Left knee exam demonstrates a positive patellar compression and McMurray testing. Neurologic examination identifies a decreased sensation along the L3 and L5 dermatomes. On January 28, 2013 a lumbar MRI identified three-level disc denegation, protrusion and annual tearing from L3 to S1. In dispute is a decision for Rental Surgi-Stim unit x 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental Surgi-Stim unit x90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) 2014 web-based edition, Pain section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, Page(s): 114-115.

Decision rationale: 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 conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Because the review requests a 90 day period of use, rather than the 1 month trial as authorized, the medical necessity of the request cannot be made at this time.