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| Case Number: | CM13-0006798 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 01/31/2003 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 07/16/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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 Occupational Medicine 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:

Injured worker is a female with date of injury 1/31/2003. Per pain management progress note dated 2/11/2013, the injured worker complains of pain in the low back, bilateral legs, neck, and bilateral shoulders. She reports sudden onset of pain. The pain radiates to the left leg and right leg. She has occasional muscle spasms at her low back and bilateral legs. Overall functionality improvement is approximately 60%. She is able to drive and do light house chores with short breaks. Some of her toes on both her feet continue to get numb. She is very happy with the RS-4i unit. It has reduced her neck and shoulder pain and she states that it helps her relax and gives her more flexibility. She states it feels like a massage to her muscles. On examination her pain is 3/10, blood pressure 133/72, pulse 58, weight 168, height 64, BMI 28. She is sad and crying.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of RS-4I TENS unit with supplies for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The medical reports indicate that the injured worker is very happy with the RS-4i unit, and that it has reduced her neck and shoulder pain and she states that it helps her relax and gives her more flexibility. She states it feels like a massage to her muscles. Although she reports pain reduction, there is no indication that the unit has resulted in a reduction of pain medication use. Although she reports more flexibility, there is not indication of objective functional improvement. The injured worker is also reported to have significant benefit from pain medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. Therefore, the request is not medically necessary.