

Case Number:	CM14-0207339		
Date Assigned:	12/19/2014	Date of Injury:	08/13/2014
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 53 year old female with an injury date on 6/13/14. The patient complains of neck pain and back pain which is improving slightly with treatment per 10/8/14 report. The patient also has bilateral shoulder and bilateral upper extremity pain rated 10/10, and bilateral lower extremity pain (hips and ankles) rated 10/10 per 9/2/14 report. The patient states that the right elbow pain is not improving, and there is numbness/tingling extending up and down the entire arm, extending to the back of the neck per 8/15/14 report. Based on the 10/8/14 progress report provided by the treating physician, the diagnoses are: 1. C-spine s/s; T-spine s/s, bilateral; SI joint sprain 2. bilateral shoulder s/s with improvement 3. right elbow sprain; right wrist sprain 4. DTHA (defer) A physical exam on 10/8/14 showed "C-spine decreased range of motion, T-spine negative straight leg raise and decreased range of motion. bilateral shoulder decreased range of motion." The patient's treatment history includes medications, chiropractic treatment, physical therapy. The treating physician is requesting durable medical equipment: conductive lumbar garment with supplies for purchase. The utilization review determination being challenged is dated 11/11/14. The requesting physician provided treatment reports from 8/13/14 to 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Conductive Lumbar Garment with Supplies for purchase:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM guidelines 2004 page 300; Official Disability Guidelines Pain Chapter, Criteria for the use of TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with neck pain, back pain, bilateral shoulder pain, and bilateral upper extremity pain. The treating physician has asked for DURABLE MEDICAL EQUIPMENT: CONDUCTIVE LUMBAR GARMENT WITH SUPPLIES FOR PURCHASE but the requesting progress report is not included in the provided documentation. The 9/2/14 report states the patient had prior use of home electrical muscle stimulation unit for "management of pain/spasm" with good benefit. The conductive lumbar garment is a combination lumbar support and electrostimulation device. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. MTUS also states, "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)" In this case, the patient presents with chronic neck/back/upper extremity pain which is not indicated per MTUS guidelines for use of muscle stimulator. Review of records does not indicate the patient has had a stroke in the past. The treating physician states this device is for "management of pain/spasm" which is not in accordance with MTUS guidelines. MTUS also does not support form-fitting TENS device except for special circumstances. The request IS NOT medically necessary.