

Case Number:	CM15-0102191		
Date Assigned:	06/04/2015	Date of Injury:	02/22/2015
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 was a 51 year old female, who sustained an industrial injury, February 22, 2015. The injury was sustained when a noxious smell that permeated the air. The smell had made the injured worker nauseated in the past and had caused the injured worker to vomit a few times. The injured worker was also disoriented. The smell overwhelmed the injured worker which caused the injured worker to fall back, hitting the right middle portion of the back on the concrete parking barer. The injured worker previously received the following treatments lumbar spine MRI, thoracic spine MRI, compound creams, Tylenol, lumbar spine x-rays and back support. The injured worker was diagnosed with thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy and sciatica. According to progress note of March 26, 2015, the injured workers chief complaint was right middle back pain with loss of feeling in the right leg. The physical exam noted decrease right S1 deep tendon reflexes. There was painful and restricted range of motion of the thoracic and lumbar spine. There were muscle spasms of the musculature surrounding the thoracic and lumbar spine. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit on month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME, Neurostimulator: TENS-EMS, for one month home based trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back, Neuromuscular electrical stimulator (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested DME, Neurostimulator: TENS-EMS, for one month home based trial, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has right middle back pain with loss of feeling in the right leg. The physical exam noted decrease right S1 deep tendon reflexes. There was painful and restricted range of motion of the thoracic and lumbar spine. There were muscle spasms of the musculature surrounding the thoracic and lumbar spine. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, DME, Neurostimulator: TENS-EMS, for one month home based trial is not medically necessary.