

Case Number:	CM15-0141700		
Date Assigned:	07/31/2015	Date of Injury:	06/20/2011
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on June 20, 2011. The injured worker was diagnosed as having low back pain, lumbosacral spondylolisthesis, lumbosacral radiculopathy and lumbar fusion. Treatment to date has included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated June 24, 2015 provides the injured worker complains of back pain radiating down the legs. He reports sue of Transcutaneous Electrical Nerve Stimulation (TENS) unit is helpful. Physical exam notes tenderness to palpation of lumbar sacral area. There is decreased range of motion (ROM) of the lumbar spine. The plan includes oral and topical medication, acupuncture, retrospective injection and durable medical equipment (DME) purchase of multi stem unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of multi stim unit plus supplies 3x months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy
Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in June 2011 and is being treated for low back pain and burning lower extremity pain. When seen, there had been benefit when using TENS during physical therapy. There was decreased lumbar range of motion with supraspinous ligament and bilateral paraspinal muscle tenderness. There was positive straight leg raising bilateral. A home multi-stim unit was requested. The requested MultiStim unit provided combination of TENS, and interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The claimant has not undergone a home-based trial of TENS to determine whether ongoing use and possible purchase of a basic unit could be considered. Purchase of the requested unit and supplies is not medically necessary.