

Case Number:	CM15-0167263		
Date Assigned:	09/04/2015	Date of Injury:	06/29/2001
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 67 year old male who sustained an industrial injury on 06-29-2001 jogging up a flight of stairs. The injured worker was diagnosed with back disorder, failed back surgery and left knee osteoarthritis. The injured worker is status post left total knee replacement on April 10, 2014 complicated by deep vein thrombosis, lumbar laminotomy and disc resection at L2-3 bilaterally in November 2002, anterior-posterior lumbar fusion L4-L5 with pedicle screw instrumentation and interbody device in August 2011. Treatment to date has included surgery, transforaminal epidural steroid injections, cane, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 1, 2015, the injured worker continues to experience increased back pain with walking and raking the yard. The injured worker uses a cane for ambulation. Examination demonstrated left knee pain with range of motion and back pain at L4-L5. Current medications were listed as Diclofenac, Docuprene and Omeprazole. Treatment plan consists of pain management and the current request for a Meds 4 Stimulator with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 Stimulator with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation <http://products.iisartonline.org/productinfo.php?go=80>.

Decision rationale: The injured worker sustained a work related injury on 06-29-2001. The medical records provided indicate the diagnosis of back disorder, failed back surgery and left knee osteoarthritis. The injured worker is status post left total knee replacement on April 10, 2014 complicated by deep vein thrombosis, lumbar laminotomy and disc resection at L2-3 bilaterally in November 2002, anterior-posterior lumbar fusion L4-L5 with pedicle screw instrumentation and interbody device in August 2011. Treatments have included surgery, transforaminal epidural steroid injections, cane, physical therapy, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for Meds 4 Stimulator with garment. Based on information from the manufactures website, Med4 stimulator is a device comprising of Neuromuscular electrostimulation (NMES) and Transcutaneous electrical nerve stimulation (TENS). The MTUS states that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain.