

Case Number:	CM15-0169362		
Date Assigned:	09/10/2015	Date of Injury:	10/25/2013
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury, October 25, 2013. According to physical therapy progress note of December 4, 2014, the injured worker's chief complaint was lumbar spine pain. The injured worker was using an electrical stimulator in physical therapy in October of 2014 through December 2014 in the lumbar paraspinal area with increased mobility after treatment. The progress note of December 11, 2014 noted improvement in the low back pain with therapy. The injured worker was diagnosed with cervical radiculitis and or neuritis, Cervical disc herniation without myelopathy, cervical; degenerative disc disease with degenerative joint disease, cervical spine stenosis and lumbar myospasms. The injured worker previously received the following treatments topical creams, random toxicology laboratory studies were negative for any unexpected findings, physical therapy with electrical stimulation to the lumbar paraspinals in October 14, 2014 through December 2014, lumbar spine orthotic brace and pain management. The RFA (request for authorization) dated February 13, 2015, the following treatments were requested durable medical equipment for a Pro-stimulation unit for the lumbar spine on the date of service pf February 3, 2015. The UR (utilization review board) denied certification on August 21, 2015, of the durable medical equipment for a Pro-stimulation unit. Unable to reach the treating physician was no longer at the practice where the request came from. There was no documentation of a one month home trail. Therefore the request was uncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Stim Unit, for Lumbar, purchase (retrospective purchase DOS 02/03/2015): 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 rationale: Prostim is a TENS unit. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The indefinite length of use was not justified. The request for purchase of a TENS unit is not medically necessary.