

Case Number:	CM15-0021577		
Date Assigned:	02/11/2015	Date of Injury:	11/12/2013
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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 is a 63 year old female with an industrial injury dated November 12, 2013. The injured worker diagnoses include lumbar disc bulge, lumbar radiculitis and left carpal tunnel syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, acupuncture therapy, and periodic follow up visits. According to the progress note dated 11/14/2014, the treating physician noted tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base, bilaterally. Documentation also noted tenderness and spasm over the spinous processes from L3 through S1 bilaterally. Straight leg raising was positive at 25 degrees with lower extremity radicular pain. Kemp's test was positive, bilaterally. The treating physician prescribed services for multi stim unit plus supplies, rental times 5 months for the lumbar spine. Utilization Review determination on January 5, 2015 modified the request to multi stim unit plus supplies, rental times 1 month for the lumbar spine, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit plus supplies, rental times 5 months, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116,12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a stimulation 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 length of use was not beyond a 1 month-trial to determine therapeutic response. In addition, response on a monthly basis needs to be provided rather than continuing treatment for 5 months. Since a stimulation unit is not medically necessary for 5 months of rental, its supplies are not medically necessary.