

Case Number:	CM15-0220471		
Date Assigned:	11/13/2015	Date of Injury:	10/13/2014
Decision Date:	12/29/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York
 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 39-year-old male who sustained an industrial injury on 10-13-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar radiculopathy, lumbar sprain-strain, right hip sprain-strain, loss of sleep, other insomnia, anxiety, and depression. Subjective complaints (9-23-15) include lower back pain with associated with radiating pain, tingling and numbness to (right more than left) lower extremities, pain is rated at 6 out of 10 without medications and 4 out of 10 with medications, right hip pain rated at 7 out of 10 without medications and rated at 4 out of 10 with medications, loss of sleep due to pain, and anxiety and depression. Pain is reported as relieved with rest and medications. Objective findings (9-23-15) include decreased and painful lumbar range of motion, tenderness to palpation of lumbar paravertebral muscles, spasm of lumbar paravertebral muscles and sleep and psychological complaints. Previous treatment includes trigger point injection -lumbar spine, medication, and therapy. The treatment plan includes Prilosec (Omeprazole), Tramadol-Acetaminophen, Cyclobenzaprine, Anaprox (Naprosyn), Flurbiprofen 20%; Baclofen 10%; Dexamethasone 2%; Panthenol 0.5% in salt stable LS base 240 grams, Dextromethorphan 10%; Gabapentin 10%; Bupivacaine 5%; Camphor 2%; Menthol 2% in salt stable LS base 240 grams, Solace Stim Unit, and return in 4 weeks. A request for authorization is dated 10-29-15. The requested treatment of Solace muscle stim unit for 5 months then convert to indefinite use was denied on 11-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Muscle Stim Unit for 5 months then convert to indefinite use: 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: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient is not documented to have failed all conservative therapy or be part of a FRP. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. A one-month trial is recommended before continued use. Therefore, the request is considered not medically necessary.