

Case Number:	CM13-0035983		
Date Assigned:	12/13/2013	Date of Injury:	03/25/2012
Decision Date:	03/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 35 year old female who reported injury on 03/25/2012. The mechanism of injury was stated to be the patient bent over to get a client's dinner out of the oven and felt her back pop. The patient's pain per the documentation was noted to be about the same. The pain was noted to radiate from the low back into the left lower extremity. The patient was noted to be 8/10. The patient's diagnoses were noted to include far lateral disc herniation left L4-5 with neurologic deficits and musculoligamentous sprain/strain. The request was made for a Meds4 and INF Stimulator for 3 months rental for home use, electrodes and a conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds4 and INF Stimulator for 3 months rental for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES and Interferential Current Stimulation (ICS) Page(s): 118,121.

Decision rationale: California MTUS Guidelines do not recommend neuromuscular electrical stimulation unless the patient has had a stroke as there is no evidence to support its use in chronic pain. Additionally, it indicates that interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of the effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. The physical

examination revealed the patient had positive lumbar tenderness and decreased lumbar spine range of motion. Clinical documentation submitted for review failed to provide the rationale for the use of the meds-4 and INF stimulator. Additionally, it failed to provide the necessity for 3 months rental without time for re-evaluation at 1 month. It was noted that the meds-4 and INF plus unit combines NMES and interferential modalities into 1 unit. There is a lack of documentation of rationale for the use of the unit and there is a lack of documentation indicated lower levels of treatment, such as a TENS unit and conservative care, have been trialed and failed. Given the above, the request for Meds4 and INF Stimulator for 3 months rental for home use is not medically necessary.

Electrodes for each month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES and Interferential Current Stimulation (ICS).

Decision rationale: California MTUS Guidelines do not recommend neuromuscular electrical stimulation unless the patient has had a stroke as there is no evidence to support its use in chronic pain. Additionally, it indicates that interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of the effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. The physical examination revealed the patient had positive lumbar tenderness and decreased lumbar spine range of motion. Clinical documentation submitted for review failed to provide the rationale for the use of the meds-4 and INF stimulator. Additionally, it failed to provide the necessity for 3 months rental without time for re-evaluation at 1 month. It was noted that the meds-4 and INF plus unit combines NMES and interferential modalities into 1 unit. There is a lack of documentation of rationale for the use of the unit and there is a lack of documentation indicated lower levels of treatment, such as a TENS unit and conservative care, have been trialed and failed. Given the above, the request for Meds4 and INF Stimulator for 3 months rental for home use is not medically necessary.

Conductive garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Form-fitting TENS device Page(s): 116.

Decision rationale: California MTUS guidelines for NMES and interferential current stimulation do not address form fitting garments. However, per the TENS section, a form fitting device is considered medically necessary when there is documentation that a large area requires stimulation that a conventional system cannot accommodate the treatment. Clinical documentation submitted for review failed to provide the necessity for the requested service

including a meds-4 and INF stimulator. Given the above, the request for conductive garment purchase is not medically necessary.