

Case Number:	CM14-0131870		
Date Assigned:	09/08/2014	Date of Injury:	11/01/2012
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 49-year-old female was reportedly injured on November 1, 2012. The mechanism of injury was stated to be tripping over an elevation in the pavement. The most recent progress note, dated July 25 2014, indicated that there were ongoing complaints of left foot and ankle pains. The physical examination demonstrated tenderness in the area of the sinus tarsi, of the left foot. There was tenderness at the lateral aspect of the ankle and pain free range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an ankle brace, boot, physical therapy, acupuncture, a steroid injection, and custom orthotics. A request had been made for an A-stim unit for the lumbar spine and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): A-Stimulator Unit, lumbar spine quantity: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Interferential Current Stimulations.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of an A-Stim unit or TENS unit includes evidence that other appropriate pain modalities have been tried and failed. Additionally, there should be a one-month trial of this unit to assess its efficacy prior to purchase. Furthermore, the most recent progress note, dated July 25, 2014, does not indicate that the injured employee has any low back pain. For these reasons, this request for an A-Stim unit for the lumbar spine is not medically necessary.