

Case Number:	CM14-0093133		
Date Assigned:	07/25/2014	Date of Injury:	10/09/2013
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 51 years old female with an injury date on 10/09/2013. Based on the 03/10/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Lower back pain sprain/strain. 2. Lumbar radiculopathy. 3. Left sacroiliac dysfunction. 4. Left hip pain. 5. Left knee pain. 6. Left ankle pain. According to this report, the patient complains of continuous low back pain, left hip pain, left knee pain, and left ankle pain. The patient also complains of anxiety, depression, insomnia and nervousness. Tenderness is noted at the lumbar paraspinals muscle, left quadrates lumborum, sacroiliac joint, left hamstring, left medial knee, left lateral knee, left medial ankle, and left lateral ankle. Range of motion of the lumbar spine, left knee, and left ankle are restricted. Straight leg raise is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 06/09/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2014 to 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME)- TENS Unit -Prime Dual Neurostimulator with 1 Month of Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 03/10/2014 report by Dr. [REDACTED] this patient presents with low back pain, left hip pain, left knee pain, and left ankle pain. The treater is requesting TENS unit dual Neurostimulator with 1 month supplies but the treating physician's report and request for authorization containing the request is not included in the file. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 02/12/2014 to 06/19/2014 shows the patient has positive straight leg raise with neuropathic pain and appears to be a candidate for a TENS unit trial. However, this unit has a neurostimulator as well and MTUS does not support NMES (neuromuscular stimulator) except for stroke rehabilitation. Furthermore, there is lack of evidence that this patient has trialed a one-month home trial with success. Therefore, the request is not medically necessary.