

Case Number:	CM15-0127779		
Date Assigned:	07/14/2015	Date of Injury:	06/26/2014
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male who sustained an industrial injury on June 26, 2014. He has reported low back pain and has been diagnosed with lumbar spine sprain with bilateral lower extremity pain. There are mild left degenerative osteophytes at L1-2, L2-3 and L3-4; there is mild facet sclerosis on the left at L4-5 and bilateral at L5-S1; and retrolisthesis of L5 on L4 measures 2.77 mm in extension, no listhesis on flexion or neutral on x-ray. There was mild bilateral L5-S1 radiculopathy. Treatment has included medications, physical therapy, and chiropractic care. Examination of the lumbar spine revealed decreased range of motion. Sensation was decreased in the lateral aspect of the right thigh and right leg to the big toes. Straight leg raising test was positive, right more than left. The treatment request included ibuprofen and neurostimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 800 MG #60 with 2 Refills is not medically necessary.

TENS-EMS Neurostimulator Unit 1 Month Home Based Trial (with Supplies): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116, 121.

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). Per MTUS guidelines, TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. The injured worker may meet the criteria established in the guidelines cited above for a one month trial of a TENS unit. This would require the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. Purchasing a TENS unit with supplies would not be supported by these guidelines without adequate documentation of the efficacy of the unit during this trial. Since the request is not for a one month trial of a TENS unit, and the unit includes NMES functions which are not supported by these guidelines, the request for prime-dual tens/ems unit and 2 month supply of electrodes, batteries and lead wires is determined to not be medically necessary. In this case, the injured worker has chronic pain which is not an indication for the use of the TENS/EMS Unit. The request for TENS-EMS neurostimulator unit 1 month home based trial (with Supplies) is not medically necessary.