

Case Number:	CM15-0177097		
Date Assigned:	09/17/2015	Date of Injury:	06/19/2015
Decision Date:	11/17/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 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:

This injured worker is a 34 year old male, who sustained an industrial injury on 06-19-2015. The injured worker was diagnosed as having lumbar strain and lumbar radiculopathy. On medical records dated 07-02-2015, 07-09-2015 and 07-20-2015, the subjective complaints were noted as low back pain. Pain was noted at 7 out of 10, pain was noted as unchanged. Objective findings were noted as tenderness to palpation of lumbar muscles and SI joints. Negative straight leg raise was noted. Deep tendon reflexes were equal bilaterally. Treatments to date included physical therapy and medication. The injured worker was noted to be able to return to modified work. Current medications were listed as Relafen and Norflex. The Utilization Review (UR) was dated 08-24-2015. A request for EMS (electrical muscle stimulation) Unit one month rental with electrodes times 2 packs, batteries times 2 and set up and delivery was submitted. The UR submitted for this medical review indicated that the request for EMS (electrical muscle stimulation) Unit one month rental with electrodes times 2 packs, batteries times 2 and set up and delivery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS Unit one month rental with electrodes times 2 packs, batteries times 2 and set up and delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, an EMS unit like a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Request for an EMS unit is not medically necessary.