

Case Number:	CM15-0074523		
Date Assigned:	04/23/2015	Date of Injury:	04/18/2008
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York
 Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial/work injury on 4/18/08. She reported initial complaints of low back pain with radiation to the right lower extremity. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, thoracic sprain, thoracic or lumbosacral neuritis or radiculitis, lumbosacral joint/ligament sprain, and lumbago. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, and home exercises. Currently, the injured worker complains of low back pain that radiated to the lower extremities (R>L), depression due to continued pain, and broken two left upper teeth from fall on 4/21/13 due to legs giving out. Per the primary physician's progress report (PR-2) on 3/2/15, the pain was described as 9/10 without medication and 3/10 with medication. A wheeled walker was used for ambulation and also a power scooter for distances. Dental care was needed for teeth injured in the fall. Examination revealed slight to moderate spasm of the paralumbar region, positive straight leg raise, tenderness to the lower thoracic region, and decreased sensation in the right big toe, L5 dermatome. The requested treatments include Ortho-Stim Unit and supplies (purchase) and Lift for vehicle to transport power scooter (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho-Stim Unit and supplies (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Page(s): 121. Decision based on Non-MTUS Citation Official disability Guidelines: LBP.

Decision rationale: The MTUS Guidelines state that Neuromuscular Electrical Stimulation devices (NMES) are used primarily as part of a rehabilitation program following stroke. There are no intervention trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. The devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Medical necessity for the requested item has not been established. The requested item is not medically necessary. The MTUS Guidelines state that Microcurrent Electrical Stimulation (MENS) is characterized by sub-sensory current that acts on the bodies naturally occurring electrical impulses to decrease pain and facilitate the healing process. MENS differs from TENS in that it uses a significantly reduced electrical stimulation. TENS blocks pain, while MENS acts on the naturally occurring electrical impulses to decrease pain by stimulating the healing process. Based on the available evidence, conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Lift for vehicle to transport power scooter (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Health Insurance, Clinical Policy Bulletin: Seat Lifts and Patient Lifts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield of California: Van Lifts.

Decision rationale: Van lifts are not covered as durable medical equipment. Assistive devices are to be utilized in the home to allow completion of activities of daily living. There is no specific indication for the van lift as the; power scooter is not used within the home. Medical necessity for the requested item is not established. The requested item is not medically necessary.