

Case Number:	CM13-0001880		
Date Assigned:	03/10/2014	Date of Injury:	04/01/2003
Decision Date:	05/07/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/17/2013

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 Orthopedic Surgery 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 claimant is a 50-year-old gentleman who was injured in a work related accident on April 1, 2003. He was with initial complaints of low back pain as well as knee pain for which the records indicate total knee arthroplasty took place in late November of 2007. Current clinical records for review are only noted to be from September 2012. At that time and assessment, the claimant was with a documented working diagnosis of thoracolumbar strain with bilateral lower extremity radiculitis. There is current indication that the claimant began a course of a stimulator unit around that time. At present, in absence of further treatment, documentation of imaging or conservative care, twelve months of supplies for the stimulator system are being recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR SUPPLIES FOR STIMULATOR SYSTEM TIMES 12 MONTHS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: Based on MTUS Guidelines, supplies for the stimulator system in question would not be indicated. CA MTUS states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine." This would be mostly due to the fact that the stimulator itself at this stage in the claimant's chronic course of care would not be supported. Records do not indicate benefit with the above mentioned device or indication of other forms of treatment, current physical examination findings or progression of care that would necessitate the need for one further year of treatment with a stimulator unit. Given the above the request is not medically necessary.