

Case Number:	CM13-0011493		
Date Assigned:	07/07/2014	Date of Injury:	11/08/2012
Decision Date:	08/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/15/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 29 year old employee with date of injury of 11/08/2012. Medical records indicate the patient is undergoing treatment for lumbago. Subjective complaints include lower back pain that is worsening and radiating to the left leg. Objective findings include no antalgic gait; walks normally; no tenderness over spinous process; slight pain and tenderness along the left sacroiliac joint and left greater trochanteric bursa; range of motion of lumbar area appears normal with forward flexion of 90 degrees; extension of 30 degrees and lateral bending of 30 degrees; tenderness along trochanteric area; left sciatic symptoms but no evidence of it with no atrophy; deep tendon reflexes are normal; no weakness of extension of big toes; able to put full weight on forefoot and heel. Treatment has consisted of Vicodin, Advil, PT and visits to a chiropractor. The utilization review determination was rendered on 7/25/2013 recommending non-certification of a purchase of a WI touch electrical stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A WI TOUCH ELECTRICAL STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)

Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention." And details possible criteria for selection "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. The request for a purchase of a WI touch electrical stimulation unit is not medically necessary.