MAXIMUS Federal Services

Case Number:	CM13-0022501		
Date Assigned:	11/13/2013	Date of Injury:	07/27/2010
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 physician 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 patient is a 52 year old female injured worker with date of injury 2/27/10 and complaints of numbing, throbbing, dull and achy pain in the low back rated at 6/10 that radiates bilaterally to the legs, right side greater than left, with numbness and tingling sensation and cramping of toes especially at night. The injured worker is diagnosed with lumbar disc disease, lumbar radiculopathy, bilateral sacroiliac joint arthropathy, and RLE radiculopathy. 2/17/12 MRI of the lumbar spine showed annular tear L5-S1, diffuse disc bulge at L5-S1 with narrowing of the neural foramina bilaterally, anterior disc bulge at L3-L4. She is status post right carpal tunnel release 8/19/03. The injured worker is not currently taking medications. Per treating physician's report 7/2/13 clinical findings included tenderness to digital palpation in the lumbar paraspinals with myospasms noted. Straight leg raising test was positive on the right for radicular pain to thigh and leg; and on the left for radicular-type pain to the thigh. The injured worker is refractory to conservative attempts to manage low back and lower extremity pain including physical therapy, bracing, and activity modification as well as chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The two month rental of an interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 114-117.

Decision rationale: The OrthoStim 4 unit was the unit requested to perform the interferential stimulation in the request. This unit has the ability to perform IS, NMES, galvanic stimulation, as well as TENS. MTUS is silent on this specific device. Galvanic stimulation and NMES are specifically not recommended by the MTUS. There is not any documentation that the patient is in a functional restoration program. MTUS recommends against NMES, and TENS or interferential current systems as isolated modalities. The preponderance of evidence suggests this device is not medically necessary.

An 8 pack of electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

A conductive glove: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

A power pack: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

An adhesive remover towel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

A leadwire: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

Conductive spray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

A technician fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items/services are medically necessary.