

Case Number:	CM13-0023212		
Date Assigned:	04/25/2014	Date of Injury:	04/15/2008
Decision Date:	09/08/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

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 Mississippi. 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 records presented for review indicate that this 60 year-old individual was reportedly injured on April 15, 2008. The mechanism of injury is not listed in these records reviewed. The medical record includes 11 pages of documentation that are illegible. The records provide documentation of a diagnosis of a closed fracture of the lumbar vertebra for a date of injury that dates back to 2008. There is no legible documentation of the claimant's subjective or objective complaints. Diagnostic imaging studies are reported to include an MRI that reveals mild disc protrusions and no significant stenosis. The date of this study is unknown, and no other details are available. There is no legible documentation of previous treatment. A request made for a P-Stim procedure to the lumbar spine and was not certified in the pre-authorization process on August 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ-P-STIM Procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines do not support Interferential Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. A review of the available medical records fails to document any of the criteria required for an IF Unit one-month trial. As such, the request is not medically necessary and appropriate.