

Case Number:	CM13-0024061		
Date Assigned:	11/20/2013	Date of Injury:	05/29/2012
Decision Date:	01/31/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine and Pulmonary Diseases, 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 53 year-old male who reported an injury on 05/29/2012. The mechanism of injury was noted to be continuous trauma related to his work duties. His symptoms were noted to include low back pain with pain radiating to the left leg and tingling in his left toes, as well as bilateral knee pain. His physical examination findings revealed mild tenderness to palpation over the lumbar paraspinal musculature with spasm, tenderness to palpation over the left sacroiliac joint, negative straight leg raising testing, decreased lumbar spine range of motion, tenderness to palpation over the medial and lateral joints of the left knee, nontender right knee, patellofemoral crepitus with passive motion bilaterally, positive McMurray's test on the left, and decreased range of motion bilaterally. It was also noted that the patient's sensation was decreased to pinprick and light touch in the left lower extremity in the L5 and S1 dermatomes. There was no motor weakness noted, and the reflexes were normal. The patient was diagnosed with lumbar musculoligamentous sprain with left lower extremity radiculitis and L5 to S1 disc degeneration, status post right knee arthroscopy performed on 05/23/2008 with attendant tricompartmental osteoarthritis; and left knee sprain with patellofemoral arthralgia. At his 08/08/2013 office visit, a request was made for an ortho stimulation unit to relieve muscle spasm, lessen pain overall, and increase range of motion with bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ortho Stim 4 unit between 8/16/2013 and 11/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

Decision rationale: The California MTUS Guidelines state that inferential stimulation therapy may be recommended for patients whose pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medication due to side effects; there is a history of substance abuse; significant pain from postoperative conditions limits the ability to perform exercises/physical therapy treatment; or the patient has been unresponsive to conservative measures. The guidelines state that if those criteria are met, a 1-month trial may be appropriate to permit the physician or physical medicine provider to study the effects and benefits. As the documentation submitted for review failed to provide specific documentation of the patient's pain being ineffectively controlled due to diminished effectiveness or side effects of the medication, a history of substance abuse, or unresponsiveness to conservative measures, the request is not supported. Therefore, the request is noncertified.