

Case Number:	CM13-0025415		
Date Assigned:	11/20/2013	Date of Injury:	07/26/2013
Decision Date:	02/20/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 is licensed to practice in Maryland. 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 claimant is a 38 year old injured worker who sustained a work place injury on 07/26/13, while loading five gallon buckets of paint onto a truck. The patient developed low back pain and left buttock pain radiating down to their left foot. The patient had associated numbness in the left foot, ankle and great toe. The patient was noted to have tenderness along the lumbar paraspinous muscles and left sacroiliac joint, with muscle spasms along the left gluteal muscles. The patient was noted to have Fair test positive on the left and decreased sensation to pinprick and light touch in L4, L5 and S1 dermatomal pattern on the left side. Diagnoses included left piriformis syndrome and lumbar sprain/strain. Evaluation included x-ray of lumbo sacral spine that showed straightening of lumbar lordosis with limited range of motion in the flexion and extension positions. There was small marginal osteophyte of the anterior end plate of L4 and L5. Treatment prior to the visit included Ibuprofen and Hydrocodone given during their last emergency room visit. During the visit, treatments prescribed included Naprosyn, Tramadol and Toprophan. Recommendation was made for functional capacity evaluation, IF unit, Chiropractic therapy to the left hip, buttock and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 adhesive remove towels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119-120.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there isn't enough documentation of failure of conservative measures. Even though there is note about the employee being prescribed Ibuprofen, it is not clear how often the patient was taking it and whether there was any improvement. Since the requested interferential unit is not medically necessary, none of the associated services, including 32 adhesive towels is not medically necessary and appropriate.

Two month rental of an interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119-120.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, there isn't enough documentation of failure of conservative measures. Even though there is note about the employee being prescribed Ibuprofen, it is not clear how often he was taking it and whether there was any improvement. The request for a two month rental of an interferential unit is not medically necessary and appropriate.

24 power packs: 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 procedure is not medically necessary, none of the associated services are medically necessary.

8 packs 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 procedure is not medically necessary, none of the associated services are medically necessary.