

Case Number:	CM13-0025429		
Date Assigned:	11/20/2013	Date of Injury:	07/26/2013
Decision Date:	01/10/2014	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 Pain Management, has a subspecialty in Disability Evaluation, 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 injured worker sustained a work-related injury on 7/26/13 while working at [REDACTED] as a general labor personnel. According to the medical records provided for review, the injured worker injured his lower back and lower extremities as a result of repetitive squatting down and lifting buckets with the legs, keeping the back straight. The injured worker did not seek medical treatment, choosing to self-treat the injuries, and returned to work on 7/29/13. He reported the injury to his supervisor, but no report or medical treatment was offered. On 7/30/13, he went on his own to [REDACTED] in Laguna Hills, where he was evaluated by [REDACTED], diagnosed with left piriformis syndrome and lumbar sprain/strain, and prescribed Ibuprofen, Hydrocodone, and Orpenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One conductive spray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 of 127.

Decision rationale: According to Chronic Pain Medical Treatment guidelines, Inferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hour, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008). The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. Since ICS therapy is considered investigational, and not recommended as an isolated intervention, any material used in facilitating this treatment is not medically necessary, including Conductive Spray.

One technical 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 procedure is not medically necessary, none of the associated services are medically necessary.

One lumbar conductive garment: 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.

A pair of lead wires: 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.