

Case Number:	CM13-0028606		
Date Assigned:	11/27/2013	Date of Injury:	09/19/2012
Decision Date:	02/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic Surgery 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 claimant is a 54-year-old gentleman who sustained an injury to the low back on September 19, 2012. Recent clinical assessment for review indicated a July 11, 2013 assessment documenting the recommendation of the ProStim Therapy Unit to help reduce muscle tissue tension and reduce pain. The letter on that date by [REDACTED] does not give a formal working diagnosis. Prior assessment for review dated August 15, 2013 gave the claimant diagnoses of lumbar radiculopathy as well as intercostal sprain. It stated previous care included a TENS unit, acupuncture, trigger point injections, therapy and medication management. Objectively, there was tenderness to palpation of lumbar paravertebral muscles with spasm and negative radicular findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProStim 5.0 x 30 day trial with 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118, 120-121.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, a ProStim V Unit would not be indicated. The brochure attached with records for review of the ProStim V Unit indicates that it offers TENS as well as neuromuscular electrical stimulation, interferential stimulation and "Russian" stimulation. California MTUS Guidelines in regards to neuromuscular electrical stimulation indicates that it is not recommended as a primary modality in the chronic pain setting and is reserved for cases that only indicate post treatment use of a stroke. There is no documentation to indicate the claimant was diagnosed with a stroke. The role of the above device would include neuromuscular electrical stimulation as well as interferential stimulation and would not be indicated.