

Case Number:	CM13-0028874		
Date Assigned:	03/19/2014	Date of Injury:	07/27/2010
Decision Date:	04/16/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation 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 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:

This patient sustained a low back injury from repetitive lifting on 7/27/10. Per AME report dated 2/13/12, the patient has persistent low back, left buttock, and right leg pain with burning sensation. The patient was considered P&S with future medical care to include short-course of physical therapy and possible epidural steroid injection for exacerbation and was instructed to continue with modified duty. Conservative care has included physical therapy, chiropractic care, medication, rest, and home exercise program. Report of 8/16/13 noted ongoing lower back pain with radiation into bilateral lower extremities along the L5 distribution. Exam showed wide-based gait, positive SLR, heel-toe walk difficulty; limited lumbar range; positive SI thrust test, positive Patrick's and Yeoman's tests. Treatment included Ortho Stim with associated durable equipment. Requests were non-certified on 9/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM TIMES 1 UNIT RENTAL TIMES 2 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, interferential stimulation is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous stim unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications and exercise therapy. There is no documentation on the short-term or long-term goals of treatment with the interferential unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Orthostim unit as there is no documented failed trial of TENS. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any transcutaneous stimulation therapy already rendered. The Ortho Stim times 1 unit rental times 2 months is not medically necessary and appropriate as well as all associated durable equipment to include Electrodes times 8 quantity, AA battery pack #24 quantity, Adhesive Remover Wipes times 32 quantity, Conductive spray mist times 1 quantity, Conductive Glove times 1 quantity, and Lead Wires times 2 quantity are also not medically necessary and appropriate.

ELECTRODES TIMES 8 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

AA BATTERY PACK # 24 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ADHESIVE REMOVER WIPES TIMES 32 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CONDUCTIVE SPRAY MIST TIMES 1 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CONDUCTIVE GLOVE TIMES 1 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LEAD WIRES TIMES 2 QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.