MAXIMUS Federal Services

Case Number:	CM13-0031834		
Date Assigned:	12/04/2013	Date of Injury:	08/20/2005
Decision Date:	01/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 Connecticut. 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 50-year-old gentleman injured on 08/20/05. The claimant was driving a forklift that malfunctioned, initially pinning him against a van. He sustained multiple injuries including the low back, hip and pelvis fracture, cervical spine as well as secondary psychological issues. A progress report dated 07/30/13 with pain management physician, [redacted] documented that he had continued complaints of left hip, low back and left leg pain. He was utilizing chronic medication management in the form of OxyContin, Soma, and Lyrica with moderate pain reduction and no side effects. [redacted] documented prior treatment inclusive of medication management as well as epidural steroid injections, intraarticular hip injections as well as other forms of modalities including spinal cord stimulator trial. His current physical examination shows restricted lumbar range of motion with left SI joint tenderness and a healed prior lumbar incision. His diagnosis was of chronic pain due to trauma, spondylosis lumbar, lumbar radiculopathy, and degenerative disc disease. The recommendations at that time were for continuation of Soma, Oxycodone, a left SI joint injection, Lyrica, referral to a general surgeon for workup of a hernia, electrodiagnostic studies, a urine drug screen, and topical gels. At the present, there is also a request for an Ortho Stim 4 unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Stim 4 unit with supplies: 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 NMES Page(s): 121.

Decision rationale: Ortho Stim 4 unit is a combination stimulator unit that includes neuromuscular electrical stimulation. CA MTUS Guidelines indicate that neuromuscular electrical stimulation is "not recommended as it is used primarily as part of a rehabilitation program following stroke with no evidence to support its use in the chronic pain setting". Given the claimant's history, there is no current indication for the use of a neuromuscular electrical stimulator device. This specific request would not be supported.