

Case Number:	CM13-0032659		
Date Assigned:	12/11/2013	Date of Injury:	05/10/2013
Decision Date:	02/26/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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.

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 40-year-old male who sustained a work-related injury on 05/10/2013. The clinical information indicates that the patient has persistent low back pain and has plateaued with chiropractic treatment. The most recent progress report dated 12/06/2013 documented objective findings of bilateral lumbar spine pain with increased spasm on the left, hypertonicity and pain elicited with straight leg raise. The treatment plan indicated that the patient had shingles and missed his appointment with the pain management specialist and would require rescheduling.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient DME purchase of ART interferential unit for the lumbar spine: 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: The California MTUS Guidelines do not recommend the use of electrical stimulation as a primary treatment modality. Although, should electrical stimulation be used, there should be documentation of pain of at least 3 months duration with evidence that other appropriate pain modalities have been tried and failed. The clinical information submitted for review lacks documentation of all lower levels of care being exhausted and failed. As such, the

request for an outpatient DME purchase of an ART interferential unit for the lumbar spine is non-certified.