MAXIMUS Federal Services

Case Number:	CM13-0035273		
Date Assigned:	12/13/2013	Date of Injury:	06/11/2001
Decision Date:	02/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Medicine 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. 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 59-year-old male who reported an injury on 06/11/2001. The patient is currently diagnosed with lumbar spine radiculopathy and lumbar spine disc displacement. The patient was recently seen by [redacted] on 10/10/2013. Physical examination revealed tenderness, guarding, and limited range of motion of the lumbar spine, and diminished sensation at L5-S1. Treatment recommendations included continuation of acupuncture treatment, an MRI of the lumbar spine, continuation of current medication, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-stim/A stim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention; however, patient selection criteria are to be used anyway. There should be evidence that pain is ineffectively controlled due to diminished effectiveness of medication or side effects, history of substance abuse, or significant pain from

postoperative conditions. There should also be a failure to respond to conservative treatment. As per the clinical notes submitted, there is no evidence of a failure to respond to recent conservative treatment. There is also no evidence of a successful trial of this type of unit that would warrant purchase. There is no indication that the patient is actively participating in a rehab program. The medical necessity for the requested device has not been established. Additionally, there is no documentation of a treatment plan with the specific and short and long-term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.