

Case Number:	CM13-0037621		
Date Assigned:	12/18/2013	Date of Injury:	05/20/2010
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiology & Pain and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 05/20/2010 when he attempted to stand from a squatted position. The patient was initially treated conservatively with lumbar support braces, physical therapy, and medications. The patient underwent lumbar fusion at L4-5 and L5-S1 levels in 09/2013. The patient's most recent clinical exam findings included tenderness and decreased range of motion of the lumbosacral spine with spasms. It was noted the patient was within normal limits on the neurological examination of the bilateral lower extremities. The patient's treatment plan included physical therapy and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months supply of electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Three months supply of electrodes is not medically necessary or appropriate. The clinical documentation submitted for review does not support the need for

interferential unit treatment at this time. Therefore, supplies for the unit would not be supported by guideline recommendations.

3 months rental of a MEDS4 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Three months rental of an MEDS4 interferential unit is not medically necessary or appropriate. The clinical documentation does support the patient is postoperative. California Medical Treatment Utilization Schedule recommends interferential unit to assist with pain control and postoperative conditions that limit the ability to perform in a physical therapy postoperative program and when pain has been unresponsive to conservative measures. The clinical documentation submitted for review does not provide any evidence of significant postsurgical pain limiting the patient's ability to actively participate in physical therapy. Additionally, there is no documentation the patient's pain has been unresponsive to other more conservative treatments. As such, the requested MEDS4 interferential unit is not medically necessary or appropriate.

1 conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 120.

Decision rationale: One conductive garment is not medically necessary or appropriate. The clinical documentation submitted for review does not support the need for interferential unit treatment at this time. Therefore, supplies for the unit would not be supported by guideline recommendations.