

Case Number:	CM13-0039383		
Date Assigned:	12/18/2013	Date of Injury:	04/15/2013
Decision Date:	03/13/2014	UR Denial Date:	10/01/2013
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, has a subspecialty in Spinal Surgery 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 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:

50 year old claimant with industrial injury 4/15/13. Exam note from 8/30/13 demonstrates low back pain with bilateral lower extremity radiculopathy, right greater than left. Increased pain with prolonged standing and walking within 30 minutes. Positive straight leg raise on the right. Decreased sensation in L5-S1 dermatomes. There is trigger point right paravertebral musculature that causes exquisite pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Stim 5.0 with three months supplies, 90 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: In this case there is no documentation of neuropathic pain or chronic regional pain syndrome and no evidence of TENS trial. Therefore the determination is for non-certification as not medically necessary.