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| Case Number: | CM13-0043428 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/19/2010 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 expert 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of August 19, 2010. Treatment to date has included oral analgesics, lumbar brace, acupuncture, and lumbar epidural steroid injections. Utilization review dated October 10, 2013 denied the request for RS4i Muscle Stimulator because there was no documentation of trial of first-line treatment to support the interferential component of this device. Medical records from 2012 to 2013 were reviewed and showed complaints of chronic low back pain, right hip pain with radiation to the right groin area which caused difficulty with bending, walking, or lifting as well as difficulty in ADLs such as dressing, showering, and sleeping. Physical examination showed slight to moderate spasm of the paralumbar muscles, right greater than the left. Range of motion was restricted in all directions and straight leg raise was positive on the right in a sitting position at 60 degrees producing right posterior thigh and calf pain. The patient has been taking oral analgesics and muscle relaxants relieved the pain. A progress report dated December 18, 2012 showed that the patient was prescribed with RS4i muscle stimulator and states that a one-month trial was done which was helpful to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS4I MUSCLE STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 118-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: As noted on page 114-118 of the Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not generally recommended and is appropriate for cases where pain is ineffectively controlled with medications; neuromuscular electrical stimulation is under study; and galvanic stimulation (high-voltage, pulsed stimulation) is investigational for all indications. In this case, note of RS4i Muscle Stimulator usage dated as far back as December 2012. Documents provided showed that there was a one-month trial of the modality which has helped the patient. However, documentation regarding the functional benefits derived from this therapy and of the specific body part(s) this therapy is directed to were not noted. Therefore, the request for RS4I muscle stimulator is not medically necessary.