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| Case Number: | CM13-0052101 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/20/2012 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington DC. 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:

According to the clinical documentation, the patient is a 45-year-old individual who sustained an injury on 09/20/12. The mechanism of injury was not documented. The patient was taking Ibuprofen 400 mg and it got worse. The patient was doing home exercises. The primary treating physician's progress report dated 09/23/13 documented that the patient complained of low back. The patient was feeling better but complained of a sharp pain with sitting more than 15 minutes and hamstrings pain. On examination, there was nearly full range of motion but with pain to all movement. The treatment plan included physical therapy 2 times a week for 3 weeks. The request form dated 10/22/13 requested Meds 4 and "INF" stimulator, 3 months rental, and electrodes each month, and garment. The patient was diagnosed with Lumbar strain or sprain. This is a review for medical necessity of the 3 month rental of Meds 4 and "INF" stimulator, electrodes for each month, and garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) month rental of MEDS 4 & INF Stim, electrodes for each month, and garment:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulators/Inferential Current Stimulation (ICS) Page(s): 121.

Decision rationale: The Physician Reviewer's decision rationale: With respect to the request for 3 month rental of MEDS 4 & INF Stim, electrodes for each month, and garment, the guide line does not support this particular unit requested it is a multi-modality unit containing neuromuscular electrical stimulation as well as interferential current therapy. Neuromuscular electrical stimulation (NMES) is specifically not recommended in the California MTUS. The guideline also stated that any product that contains a product that is not recommended, it equally not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain Also, Interferential Current Stimulation (ICS) not recommended as an isolated intervention. Therefore the request for 3 month rental of MEDS 4 & INF Stim, electrodes for each month, and garment is not medically necessary.