

Case Number:	CM13-0065123		
Date Assigned:	01/03/2014	Date of Injury:	08/13/2012
Decision Date:	06/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation 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 a 45 year old female with date of injury 8/13/12. The treating physician report dated 10/16/13 indicates that the patient presents status post ALIF L5/S1 on 10/8/13. The current diagnoses include sprain/strain lumbar region, and lumbosacral disc degeneration. The utilization review report dated 11/12/13 denied the request for MEDS 4+ stimulator for a 3 month rental and a MEDS 4 stimulator conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 + STIMULATOR FOR A THREE MONTH RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-120.

Decision rationale: The patient presents one week post ALIF L5/S1 surgery. The current request is for MEDS 4+ stimulator for a 3 month rental. The MTUS Chronic Pain Guidelines state for interferential current stimulation, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy

treatment." MTUS Chronic Pain Guidelines goes on to state, "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treater in this case has requested a 3 month trial which exceeds the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.

MEDS 4 STIMULATOR CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.