

Case Number:	CM13-0067265		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2010
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation, has a subspecialty in Pain 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 a 37-year-old male who was reportedly picking up cones and as he bent down he felt a sharp pain in his low back. MRI of the lumbar spine dated 10/13/2010 was reported to show L5-S1 grade I spondylolisthesis, L4-5 herniated nucleus pulposus with annular tear. CT/Myelogram dated 06/20/2013 revealed a solid fusion L5-S1. The patient underwent decompression and fusion at L5-S1 on 06/04/2012 and has received an unknown number of physical therapy sessions (last treatment note dated 07/25/2013). The patient reported during the 07/23/2013 therapy session that his symptoms have worsened since having pool therapy. Treatment included interferential current and cold packs during the 07/23/2013 and 07/25/2013 therapy sessions with the addition of the physio ball on 07/25. He was noted to be subjectively the same as the prior visit and was following his [REDACTED] with fair tolerance. PR-2 dated 06/03/2013 states the patient complains of persistent symptoms in the lumbar spine into the left lower extremity- numbness/tingling burning sensation as well as depression secondary to the injury. Objectively, he had tenderness and spasms to the lumbar spine and decreased range of motion. PR-2 dated 08/19/2013 states the patient complains of persistent mild symptoms in the lumbar spine into the left lower extremity- numbness/tingling burning sensation. Objectively, the examination was the same. Treatment recommendation was to continue [REDACTED] in the gym and continue with Lyrica for the neuropathic pain. PR-2 dated 11/05/2013 reports the patient with the same subjective complaints and objective findings on examination. Treatment recommendation was for additional physical therapy for lumbar strengthening and a trial of ART interferential stimulator to decrease spasms and pain in the paralumbar muscles. Diagnosis: Intervertebral disc displacement

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T-D NEUROMUSCULAR STIMULATOR FOR 1 MONTH HOME USE E1399:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 121.

Decision rationale: According to the CA MTUS, neuromuscular electric stimulation (NMES) devices are not recommended. "The NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." The guidelines further state the use of NMES appears to be useful in a supervised physical therapy setting for rehab of atrophied upper extremity muscles following a stroke. The patient is status post lumbar fusion with an exacerbation of pain recently. In the absence of the guidelines stated above, the request is not considered medically necessary.

ELECTRODES (A4556): 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 request is not medically necessary, none of the associated requests are medically necessary.

CONDUCTIVE GARMENT (E0731) PURCHASE: 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 request is not medically necessary, none of the associated requests are medically necessary.