MAXIMUS Federal Services

Case Number:	CM14-0019277		
Date Assigned:	04/21/2014	Date of Injury:	04/01/2013
Decision Date:	07/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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, 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 56 year old female who was injured on 4/20/13. The mechanism of injury was not provided for review. She reports a low back injury due to moving boxes. Prior treatment history has included Celebrex, ibuprofen, and Excedrin. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 10/30/13 demonstrates no evidence of acute fracture or dislocation; mild thoracolumbar dextroscoliosis; extensive multilevel lumbar spondylotic changes; and at the L4-L5 level, there is Grade I anterolisthesis of L4 on L5 which in combination with severe facet arthropathy resulting in severe central canal and bilateral lateral recess stenosis. There is moderate right-sided and mild left-sided neural foraminal stenosis. At L5-S1, there is mild generalized disc bulging and moderate facet arthropathy resulting in moderate to severe central canal and bilateral lateral recess stenosis. There is severe right-sided and moderate left-sided neural foraminal stenosis. PR-2 dated 1/24/14 indicates the patient is scheduled to start chiropractic sessions for the low back only on 12/20/13. The left shoulder is not an accepted body part. On examination of the lumbar spine, there is tenderness to palpation with muscle spasm and guarding bilaterally. There is decreased straight leg raise on the right and decreased sensation bilaterally at L5 and S1. Diagnoses are left shoulder sprain/strain; lumbar spine sprain/strain with Grade I anterolisthesis of L4 on L5 with severe facet arthropathy resulting in severe central canal bilateral lateral recess stenosis; and L5-S1 moderate facet arthropathy with severe central canal lateral stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM IV/IFC WITH CONDUCTION LS BELT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-119.

Decision rationale: According to the California MTUS guidelines, interferential current stimulation is not generally recommended as there is no evidence supporting or establishing efficacy in this form of treatment. The medical records do not establish that this patient has any of the above listed criteria such as history of substance abuse or significant postoperative pain, or ineffective pain control with medications due to significant side effects. The medical records do not establish that purchase of the requested Ortho-Stim multi-modality stimulator device is appropriate or medically necessary for the management of this patient's diagnosis.