

Case Number:	CM14-0112004		
Date Assigned:	08/01/2014	Date of Injury:	09/23/2013
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Management 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 47 years old male with an injury date on 09/26/2013. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar spine multilevel HNP, per MRI dated 11/11/2013 2. R/O lumbar radiculopathy 3. Bilateral knee prepatellar bursitis, per MRI dated 11/11/2013 4. Bilateral knee ACL tear, per MRI dated 11/11/2013 5. Bilateral knee meniscal derangement, per MRI dated 11/11/2013 6. Left knee gastrocnemius tendon tear, per MRI dated 11/11/2013 7. Status post closed fracture of the medial malleolus of the right ankle, with residual pain 8. Left ankle tendinitis, per MRI dated 11/11/2013 9. Left ankle achilles tendon tear, per MRI dated 11/11/2013 10. Bilateral foot calcaneal spur, per MRI dated 11/11/2013 According to this report, the patient complains of dull, achy, oftentimes sharp low back pain. The pain is rated as a 7-8/10 with numbness, tingling and radiating pain. The patient also complains of bilateral knee and ankle pain that are constant, moderate to severe. Knees pain is rated as a 6-7/10 and ankles pain is rated as a 5-6/10. Tenderness is noted at the lumbar paraspinals muscle. Lumbar and knees ranges of motion are decreased. Sitting root, Kemp's test, Mc Murray's, Anterior/posterior drawer test and Patella grind test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 06/19/2014. [REDACTED] is the requesting provider and he provided treatment reports from 01/20/2014 to 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy - lumbar spine #6: 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), Low Back, Hyperstimulation analgesic

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

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with constant moderate to severe knees, ankles pain and dull, achy, sharp low back pain. The provider is requesting localized intense neurostimulation therapy - lumbar spine #6. Regarding hyperstimulation analgesia, ODG guidelines states "Not recommended until there are higher quality studies." In this case, the requested neurostimulation therapy is not supported by the guidelines, recommendation is for denial.