MAXIMUS Federal Services

Case Number:	CM14-0173708		
Date Assigned:	10/24/2014	Date of Injury:	04/04/2013
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work related injury on April 4, 2013. Subsequently, he developed chronic back pain. X-ray of the back documented mild disc degeneration. No evidence of spondylolysis or spondylolisthesis. No scoliosis or deformity. MRI of the lumbar spine dated August 15, 2013 documented mild straightening of the lumbar spine, which may be positional or related to spasm. There is mild degenerative disc and facet joint disease. There is a 3-4 mm broad-based central and left paracentral disc protrusion with hypertrophic changes of the facet joints and ligamentum flavum redundancy at the L5-S1 level, which cause mild left lateral recess stenosis. There is mild narrowing of the inferior recess of the left neural foramen. MRI of the cervical spine done on August 26, 2014 documented a reversal of the cervical lordosis in the upper cervical spine. There are no fractures. No paravertebral soft tissue abnormalities identified. Disc and facet abnormalities are as follow: C2-C3: there is no posterior disc bulge or protrusion. There is no encroachment on the subarachnoid space or foramina. There is no compromise of the cord or exiting nerve roots. The facet joints are unremarkable. C3-C4: there is partial dehydration of the disc. There is 3-4 mm central posterior disc protrusion/extrusion with encroachment on the subarachnoid space and borderline compromise on the cord. There is no encroachment on the foramina. There is no compromise on the exiting nerve roots. The facet joints are ar6thritic. C4-C5: there is a small Schmorl's node defect in the inferior aspect of C4. There is no posterior disc bulge or protrusion. There is no encroachment on the subarachnoid space or foramina. There is no compromise of the cord or exiting nerve roots. The facet joints are unremarkable. C5-C6: there is a 2 mm posterior disc bulge encroaching on the subarachnoid space. There is no compromise on the cord or exit foramina. The facet joints are unremarkable. C6-C7: there is no posterior disc bulge or protrusion. There is no encroachment on the subarachnoid space or foramina. There is no

compromise of the cord or exiting nerve roots. The facet joints are unremarkable. EMG/NCV study performed on February 18, 2014 revealed no electroneurographic evidence of entrapment neuropathy seen in the lower extremities. Electromyographic indicators of acute lumbar radiculopathy were not seen. Prior treatments had included: chiropractic treatment, home exercises, anti-inflammatories, sleep medication, anti-anxiety medication, and medication for his radicular complaints. According to a medical report dated September 16, 2014, the patient complained of constant, sharp, and stabbing thoracic spine pain. His symptoms are moderate-to-severe in intensity. He noted stiffness about the back but he denied any parathoracic muscular spasms. The patient also complained of intermittent, sharp, and throbbing lumbar spine pain. His symptoms are moderate-to-severe in intensity, depending on activity. He experienced paralumbar muscular spasms. The pain in the lumbar spine radiates to the right hip. Examination of the thoracic spine revealed no muscle spasm and the thoracic spine was non-tender to palpation. Range of motion was limited by pain. Examination of the lumbar spine revealed no muscle spasm and the lumbar spine was non-tender to direct palpation. Range of motion as limited by pain. Straight leg raising was negative bilaterally. Sensory examination was normal in all dermatomes of the lower extremities bilaterally. The patient was diagnosed with thoracic strain ad lumbar strain. The provider requested authorization for pro-stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-stim unit (30 day trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Interferntial current stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the

prescription of interferential stimulator is in conjunction with other intervention. Therefore, the prescription of Pro-stim unit (30 day trial) is not medically necessary.