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| Case Number: | CM14-0022673 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Alabama. 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 year old male who was injured on 08/19/2013. He sustained an industrial injury. A progress report dated 01/07/2014 reported the patient complains of low back pain with walking, standing, bending, and weightbearing activities. He continues to have numbness and tingling in his lower extremities. On exam, he has tenderness to palpation of the lumbar spine. Diagnoses are myoligamentous lumbar spine sprain/strain, lumbar spondylosis, and bilateral knee contusion. The treatment and plan included MRI scan. Diagnostic studies reviewed include x-ray of the lumbosacral spine dated 08/19/2013 revealed bilateral L5 spondylosis and degenerative disc disease at L5-S1. Prior utilization review dated 02/10/2014 states the requests for IMF stimulator, 3-month rental and electrodes for 3 months are denied as guidelines do not support the use of this device for treatment of chronic pain; therefore, the associated garment is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

INF STIMULATOR 3 MONTH RENTAL AND ELECTRODES FOR 3 MONTHS:

Upheld

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

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

Decision rationale: As per California MTUS guidelines, INF stimulator is not recommended as an isolated intervention. The medical records document that the patient has not tried other more specific pain management options in the past that have failed. Furthermore, there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. Based on the California MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

CONDUCTIVE GARMENT PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Compression garments Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute. As per ODG, the recent research indicates there is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. The medical records document bilateral knee contusion and lumbar strain. Further, the documents show that the MRI does not show any significant findings. The use of the conductive garments is not medically necessary due to absence of red flag diagnoses. Also, the use of INF stimulator is not recommended and hence the request is not medically necessary.