

Case Number:	CM14-0024501		
Date Assigned:	06/11/2014	Date of Injury:	08/03/2012
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery 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 injured worker is a 36-year-old male who was reportedly injured on August 3, 2012. The mechanism of injury was noted as "pulling a fiber bath tub with 300# mold extractor." The most recent progress note, dated 10/25/2013, indicated that there were ongoing complaints of back pain. No physical findings presented in medical records. Diagnostic imaging of the lumbar spine at time of injury did not note any specific pathology. Previous treatment included physical therapy and tramadol. A request had been made for continuation of electrical stimulation and was not certified on January 28, 2014 during the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF NEUROSTIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: When considering the reported mechanism of injury, taking into account the date of injury and the treatment rendered, and noting there is insufficient response to the device

noted during the trial, there is no clear clinical indication to continue this procedure. As such, per the Chronic Pain Medical Treatment Guidelines, this is not medically necessary.