

Case Number:	CM14-0033091		
Date Assigned:	06/20/2014	Date of Injury:	06/07/1994
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/15/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 who was injured on 06/07/1994. The mechanism of injury is unknown. Office visit dated 02/04/2014 states the patient presents with complaints of back pain in the lower back. The patient's symptoms and objective findings remain unchanged. The patient was prescribed a Provent therapy system on 02/06/2014 for 30 days because of her chronic back pain. Office visit dated 01/07/2014 states the patient complained of back pain and leg pain that is radiating down to both legs. On exam, the back revealed decreased range of motion with paraspinal spasms bilaterally. There is vertebral body pain. Motor exam is normal. Bilateral lower extremities were with giveway weakness throughout. Reflexes are absent. Diagnoses are spondylosis with myelopathy, disorder of trunk, and degeneration of intervertebral disc. The plan includes long-term drug therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provant Therapy System Treatment 30 Days For Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ultrasound therapeutic Page(s): 122.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends the use of Provant for post-operative patients. There is no stated rationale provided in the supporting documents or supporting scientific studies to demonstrate the benefit of Electromagnetic Field unit over standard care. This request is not medically necessary.