

Case Number:	CM14-0053520		
Date Assigned:	07/07/2014	Date of Injury:	08/07/1995
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old male was reportedly injured on August 7, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 13, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness of the cervical spine paravertebral muscles with spasms. Regarding the lumbar spine, there was tenderness along the lumbar spine paraspinal muscles with spasms and decreased lumbar spine range of motion. There was a positive straight leg raise test. There were a positive Spurling's test and decreased painful cervical spine range of motion. Examination of the left shoulder noted tenderness at the anterior aspect and a positive impingement and Hawkin's signs. There was a positive Tinel's and Phalen's test at both wrists. Diagnostic imaging studies of the cervical spine showed multilevel disc bulging with cord compression. An MRI of the lumbar spine showed multi-leveled disc protrusions from L3 to S1 and a spondylolisthesis of L3 on L4 and L5 on S1. A request had been made for a Stim4 and was non-certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 STIM4 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Neuromuscular electrical stimulation, Galvanic Stimulation.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an inferential stimulation unit is only recommended when pain is ineffectively controlled with medications or there is significant pain from a postoperative condition that limits the ability to perform exercise and physical therapy. According to the progress note, dated February 13, 2014, the injured employee did not meet these criteria. Therefore, this request for a Stim4 unit is not medically necessary.