

Case Number:	CM14-0057211		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2007
Decision Date:	09/23/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date of 04/04/07. Based on 02/01/14 progress report provided by [REDACTED], the patient complains of frequent lower back pain and stiffness which radiates down lower limb to left foot. Based on operative report dated 10/14/13 patient had transforaminal Steroid epidural injection at left L5-S1 and left L4-5. Exam showed normal reflexes with midline pain, facet pain, SI joint pain, tension, Kemp's test, Patrick's test and weakness more on left side. MRI from 6/18/13 showed hemangioma's and bulging discs with 3-4mm left and 2-3mm right sided disc at L3-4. Diagnosis:- lumbar disc disorder- lumbar radiculopathy- sacroiliitis- myospasm, myofasciitis- difficulty [REDACTED] [REDACTED] is requesting Pro Tech Multi Stim Unit. The utilization review determination being challenged is dated 04/18/14. The rationale is limited evidence of prior use of requested modality and lack of documentation of objective and functional gains from this particular durable medical equipment (DME), establishing efficacy and medical necessity. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 09/11/13 - 02/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO TECH MULTI STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: The patient presents with low back pain radiating down to left foot. The request is for Pro Tech Multi Stim Unit. Based on operative report dated 10/14/13, patient had transforaminal steroid epidural injection at left L5-S1 and left L4-5. Per prescription form dated 02/01/14 by [REDACTED], the requested Pro tech Multi-stim unit is being prescribed to reduce pain and swelling, manage and reduce joint pain, relax muscle spasm and increase circulation. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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.)" Review of progress reports does not show documentation of patient's medication use, history of substance abuse, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. Request for Pro Tech Multi Stim Unit is not medically necessary and appropriate.