

Case Number:	CM15-0108300		
Date Assigned:	06/12/2015	Date of Injury:	10/07/2013
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained an industrial injury on 10/7/13. The injured worker was diagnosed as having lumbosacral spondylosis and lumbosacral neuritis. Currently, the injured worker was with complaints of lower back and buttock pain. Previous treatments included physical therapy, work modifications, epidural steroid injection, status post L5-S1 fusion and medication management. Previous diagnostic studies included a magnetic resonance imaging of the lumbar spine (9/8/14) revealing bilateral spondylosis at L5 and a computed tomography scan. Physical examination was notable for would clean and neurovascular exam within normal limits. The plan of care was for a conductive garment purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment for purchase for MEDS-4 unit (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The patient complains of low back pain and right buttock pain, and has been diagnosed with lumbosacral spondylosis and lumbosacral neuritis, as per progress report dated 05/13/15. The request is for CONDUCTIVE GARMENT FOR PURCHASE FOR MEDS-4 UNIT (LUMBAR SPINE). The RFA for the case is dated 05/14/15, and the patient's date of injury is 10/07/13. The patient is status post L5-S1 discectomy and decompression, as per operative report dated 05/05/15, and is off work. For interferential current stimulation, the MTUS Guidelines page 118-120 state that "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Interferential stimulation units are recommended in cases where: 1.) Pain is ineffectively controlled due to diminished effectiveness of medications, 2.) Pain is ineffectively controlled with medication due to side effects, or 3.) History of substance abuse, or 4.) Significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or 5.) Unresponsive to conservative measures including repositioning, ice/heat, etc. In this case, the request for Med-4 IF unit with garment is noted in progress report dated 05/13/15. The treater states that the garment is for "post-op rehab and muscle re-education and pain control." The report, however, does not document the effectiveness of conservative treatments. There is no indication of side effects due to medications or history of substance abuse. The treater does not discuss any postoperative conditions that limit the patient's ability to undergo physical therapy. Given the lack of relevant documentation, the request IS NOT medically necessary.