

Case Number:	CM15-0201137		
Date Assigned:	10/16/2015	Date of Injury:	11/10/1997
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female with an industrial injury date of 11-10-1997. Medical record review indicates she is being treated for chronic myoligamentous lumbar spine strain-sprain, status post lumbar 5-sacral 1 fusion and multilevel spondylosis. Subjective complaints (07-21-2015) included lumbar spine pain described as "constant pain" that is exacerbated by doing some domestic home chores, prolonged sitting, standing, walking, climbing stairs and lying in the same position for too long. The injured worker noted there had been no change in her condition since her last appointment. Work status (07-21-2015) is documented as permanent and stationary. Prior treatments included bed rest, TENS unit, cold application and medication. Current medications (07-21-2015) included Tramadol, Gabapentin and Flexeril. Physical examination (07-21-2015) noted tenderness to palpation of the lumbar paraspinous region. Strength was 5 out of 5 throughout the lower extremities. The treatment plan included a MEDS-4 INF unit with garment for 30 day trial to assist in pain control and decreasing muscle spasms. On 09-23-2015 the request for the following treatments was non-certified by utilization review:- MEDS 4 INF Stimulator Unit rental 30 days-Conductive garment, purchase-Electrodes, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4-Inf stimulator unit, rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The request is for a combined TENS/ Inferential Current Stimulation unit. According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guideline, page 118, use of Inferential Current Stimulation is 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. As the request is not supported by evidence in the guidelines, the request is not medically necessary.

Conductive garment, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The request is for accessories for the ICS unit. As the request for the ICS unit is not medically necessary, none of the associated equipment and supplies are medically necessary.

Electrodes, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The request is for supplies for the ICS unit. As the request for the ICS unit is not medically necessary, none of the associated equipment and supplies are medically necessary.