

Case Number:	CM15-0032281		
Date Assigned:	02/25/2015	Date of Injury:	08/12/1998
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained a work/ industrial injury on 8/12/98 as a waitress and injured back while lifting heavy objects. She has reported symptoms of lower back pain with radiation to the left leg. Prior medical history was negative. The diagnoses have included cervical intervertebral disc disease, cervical disc displacement, and lumbar disc disease. Treatments to date included conservative measures, back surgeries, and steroid injections. Diagnostics included Computed Tomography (CT) scan that reported lateral disc protrusion on the left side causing compression of the ventral lateral aspect of the thecal sac. Medications included Vicodin, Motrin, and Soma. The treating physician's report (PR-2) from 1/23/15 indicated moderate pain in the lower back with intermittent radiation into the left leg. Activities worsened pain. It was noted that several spinal surgeries were completed. Examination revealed marked reduction in lumbar spine range of motion, with tenderness to palpation noted at the L3, L4 levels, and a well healed scar. There was tenderness to palpation over the sacroiliac joint on the left. Motor function was described as 5/5, deep tendon reflexes are slightly decreased at the left ankle, and the sensory exam was negative. A positive straight leg raise (SLR) was noted on the left. A request was made for percutaneous stimulation therapy. On 2/9/15, Utilization Review non-certified a Eight (8) series of P stimulation once a week for 8 weeks for the lumbar spine, as an outpatient, noting the Non-The MTUS Guidelines and cited Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 98.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) series of P stimulation once a week for 8 weeks for the lumbar spine, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pulse stimulation Page(s): 117.

Decision rationale: The California MTUS section on pulsed stimulation states: Not recommended and considered investigational for all indications. Galvanic stimulation is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect. Edema is comprised of negatively charged plasma proteins, which leak into the interstitial space. The theory of galvanic stimulation is that by placing a negative electrode over the edematous site and a positive electrode at a distant site, the monophasic high voltage stimulus applies an electrical potential which disperses the negatively charged proteins away from the edematous site, thereby helping to reduce edema. (BlueCross BlueShield, 2005)The requested service is not recommended per the California MTUS and thus is not certified.