

Case Number:	CM15-0047919		
Date Assigned:	03/20/2015	Date of Injury:	09/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 43-year-old male, who sustained an industrial injury on 9/22/2014. He reported a fall from a roof, injuring his neck, back and left shoulder. The injured worker was diagnosed as having musculoligamentous sprain/strain of the lumbar spine, lumbar spinal instability, bilateral foraminal stenosis and bilateral lower extremity radiculopathy. Recent magnetic resonance imaging showed lumbosacral disc degeneration with annular bulging. Treatment to date has included epidural steroid injection, physical therapy, chiropractic care and medication management. Currently, the injured worker complains of back pain. The treating physician is requesting a pulse electromagnetic field stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulse Electro Magnetic Field Stimulator Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Isaac Z, et al. Treatment of neck pain. Topic 7777, version 26.0. UpToDate, accessed 04/25/2015.

Decision rationale: The ACOEM Guidelines do not encourage the use of electromagnetic therapy. There is limited research suggesting only benefit in treating mechanical neck problems, no in other back problem. A larger review of these smaller studies did not find significant benefit except questionable improvement immediately after the therapy in those with long-term neck pain or whiplash syndrome. However, if this treatment is provided despite the limited evidence of benefit, the Guidelines require a trial period in which objective findings of improved function are documented. The Guidelines do not support this treatment for other issues. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the legs with leg numbness. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of an electromagnetic field stimulator is not medically necessary.