

Case Number:	CM15-0080684		
Date Assigned:	05/01/2015	Date of Injury:	05/01/2008
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 05/01/2008. On provider visit dated 04/07/2015 the injured worker has reported bilateral wrist and knee pain. On examination the lumbar spine there was palpable paravertebral tenderness with spasm. Range of motion was noted as guarded and restricted. The diagnoses have included disc disorder lumbar spine status post-surgery. Treatment to date has included physical therapy and medication. The provider requested Muscle stimulator for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Muscle Stimulation.

Decision rationale: Guidelines do not recommend muscle stimulator as an isolated intervention, but may be trialed if pain is ineffectively controlled with medications or use of medications are limited by side effects. In this case, clinical documentation did not report ongoing clinical conservative treatment, ongoing exercises and functional restoration, or objective findings appropriately treated with IF. The request for muscle stimulator is not medically appropriate and necessary.