

Case Number:	CM14-0118481		
Date Assigned:	09/22/2014	Date of Injury:	06/06/2008
Decision Date:	12/19/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an injury on June 6, 2008. On March 13, 2013, the agreed medical evaluator noted diagnoses included a history of psychiatric complaints and chest pain, industrially related hypertension, presumed partially industrially related obstructive sleep apnea with mild restless leg syndrome, and industrially related dizziness due to psychiatric medication. The agreed medical evaluator saw the injured worker in follow up for his hypertension, and deferred orthopedic diagnosis to orthopedic opinion. On May 13, 2013, the primary treating physician noted persistent lower back pain that was worsened with bending, twisting, lifting, pushing, pulling, sitting, standing, and walking multiple blocks. The physical exam revealed mid to distal lumbar tenderness, terminal motion pain with limited range of motion, and intact neurovascular status. Diagnoses included status post lumbar 5 (L5) to sacral 1 (S1) interbody fusion, retained symptomatic lumbar spinal hardware, and status post left lower extremity thrombophlebitis secondary to surgery. The medical records refer to a prior course of physical therapy (PT) and transcutaneous electrical nerve stimulation (TENS) therapy, but do not provide specific dates of service or results. In addition, previous treatment included oral and topical analgesics, non-steroidal anti-inflammatory drug, and medications for anti-anxiety, anti-depressant, and muscle relaxant. On June 23, 2014, the primary treating physician noted that recent signs and symptoms included constant, dull pain lower back pain with radiation to the lower extremities. The pain was aggravated by bending, twisting, lifting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks. The pain was unchanged. The physical exam revealed lumbar spine paravertebral muscle tenderness with spasm, negative seated nerve root test, guarded and restricted standing range of motion, no evidence of instability, and intact circulation, sensation, strength, and coordination and balance. The diagnosis was lumbago. The treating physician ordered refills of non-specified medications, and

recommended Surgi-Stim supplies and a one year gym membership. The injured worker work status was described as retired. On July 14, 2014, a prescription for the purchase of supplies for Surgi-Stim unit was non-certified by Utilization Review. The purchase of supplies for Surgi-Stim unit was non-certified based on lack of sufficient evidence of improvement of pain level and improvement of function. There was no specific documentation that the injured worker benefited from treatment with a Surgi-Stim solely. In addition, the use of a Surgi-Stim unit is not supported by evidence based medicine guidelines. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment guidelines for galvanic stimulation, inferential current stimulation, and neuromuscular electrical stimulation were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of supplies for surgi-stim: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section, Transcutaneous Electrotherapy section Page(s):.

Decision rationale: Surgi-Stim is a multimodal device that provides high volt pulsed current stimulation, neuromuscular electrical stimulation, interferential stimulation, and pulsed direct current stimulation. The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. There is not objective functional improvement noted from the use of the Surgi-Stim. Medical necessity of continued use of the Surgi-Stim has not been established; therefor the request for supplies is not indicated. The request for DME purchase of supplies for surgi-stim is determined to not be medically necessary.