

Case Number:	CM14-0149113		
Date Assigned:	09/18/2014	Date of Injury:	06/07/2007
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of a cumulative trauma work injury with date of injury of 06/07/07. He continues to be treated for ongoing neck and low back pain radiating into the right upper and left lower extremity. He was seen by the requesting provider on 08/08/14. He had been able to decrease his Norco from four times per day to three times per day. Physical examination findings included cervical and lumbar muscle tenderness with spasms. There was decreased range of motion. OxyContin 20 mg #90 was prescribed. He was seen on 08/25/14. Recent MRI results were reviewed. He continued to take Norco and OxyContin. Physical examination findings included decreased cervical spine range of motion with positive right-sided foraminal testing. There was consideration of surgical management. On 09/04/14 he was having ongoing symptoms. Medications were improving his activities of daily living. Physical examination findings appear unchanged. The claimant was requesting a new MRI scan. OxyContin 20 mg #90 and Norco 10/325 mg #90 were prescribed. He has not returned to work and is now retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

OtrhoStim 3 unit rental x6 months with supplies dispensed March 2009-September 2009:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant has a history of a work-related injury occurring in 2007 and continues to be treated for radiating neck and low back pain. The requested device provides interferential stimulation, neuromuscular stimulation, and high-volt pulsed current stimulation. Neuromuscular stimulation and high-volt pulsed current stimulation are not recommended. Guidelines recommend a one month trial of use of an interferential stimulator. Therefore rental of the unit for 6 months was not medically necessary.