

Case Number:	CM14-0152041		
Date Assigned:	09/22/2014	Date of Injury:	07/30/2013
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 44 year old male with date of injury 7/30/13 that suffered injury to the lumbar spine with repetitive bending. The treating physician report dated 9/18/13 indicates the patient has constant pain into the lumbar spine with numbness, tingling and weakness of the lower extremities. The physical examination findings reveal lumbar flexion and extension limited to 20 degrees and tenderness to palpation of the lumbar spine. The current diagnoses are: 1.Lumbar sprain/strain2.Lumbar radiculitis3.MyospasmsThe utilization review report dated 9/10/14 denied the request for E-stimulator unit and supplies based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-stimulator unit& supplies(electrodes & batteries) qty requested: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous eletrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation (ICS) MTUS Page(s): (p118-120).

Decision rationale: The patient presents with lumbar pain with radiation of pain into the lower extremities. The current request is for E-stimulator unit& supplies (electrodes & batteries) Qty

requested: 1. the treating physician report dated 9/18/13 indicates that the plan is to introduce a TENS unit trial as the patient had responded to a TENS unit during therapy. There is no other information provided explaining the medical necessity of the current request for E-Stimulator unit which is not a TENS unit but rather a unit that provides interferential current stimulation. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted and MTUS does not support this modality. The request is not medically necessary.