

Case Number:	CM14-0178163		
Date Assigned:	10/31/2014	Date of Injury:	05/23/2012
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 New Hampshire, Massachusetts, and New York. 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 injured worker is a 46-year-old male with a reported date of injury of 05/23/2012 and the mechanism of injury was a fall. Relevant diagnoses included degeneration of the lumbosacral intervertebral discs, lumbago, L5-S1 laminectomy and fusion, and failed lumbar back surgery syndrome. Past treatments included medication and physical therapy sessions from 07/2014 through 09/2014. His pertinent diagnostic studies included a CT scan of the lumbar spine performed in 07/2012, stability of diffusion and multiple small disc bulges at L3-4 and L5-S1 levels. His surgical history included a lumbar laminectomy in 2002, L5-S1 lumbar laminectomy in 2012, L4-5 lumbar laminectomy with decompression in 08/2013 with a revision of the lumbar laminectomy. On 07/10/2014, he presented with complaints of back pain that he described as aching burning and throbbing and he rated at 7/10. The injured worker stated that the pain was effecting his mood, his walking ability, his working, and sleep. Upon physical examination, the injured worker had an unsteady gait, he used a cane for ambulation, and he was unable to stand on either his toes or his heels. His relevant medications included hydrocodone and Lisinopril. The treatment plan was for a caudal epidural steroid injection and a prescription of tramadol for pain. The request was for a stimulator plus device with no rationale indicated. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator plus device: 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), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The request for the stimulator plus device is not medically necessary. The stimulator plus device is a combination of an interferential current stimulation device and a neuromuscular electrical stimulation device. The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention but may be used on conjunction with active treatment. The guidelines note it may possibly be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects, when the patient has a history of substance abuse, when the patient has significant postoperative pain, and when the patient has been unresponsive to conservative treatment. A one month trial may be appropriate if the unit has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. During the trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The California MTUS guidelines do not recommend neuromuscular electrical stimulation device (NMES) for chronic pain as it is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The documentation lacked objective evidence of ineffective pain control with his medications, side effects, or a risk for substance abuse. The submitted documentation did not indicate that the injured worker did a one-month trial period with the stimulator plus device with documented evidence of significant objective functional improvement and decreased medication usage. The injured worker has a diagnosis of failed lumbar back surgery syndrome and no evidence to support a history of a stroke. For the above reasons, the request for the stimulator plus device is not medically necessary.