MAXIMUS Federal Services

Case Number:	CM14-0020365		
Date Assigned:	04/25/2014	Date of Injury:	09/30/2011
Decision Date:	08/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

The injured worker is 34 year old female with date of injury 9/30/11 with related low back pain. Per progress report dated 10/23/13, she rated her pain 4/10 in intensity. It was noted that her imaging studies showed no evidence that any invasive treatments would be needed to cure the effects of her industrial injury at that time according to the PTP (primary treating practitioner). She has reached maximum medical improvement and has been deemed permanent and stationary. Physical exam of the lumbar spine revealed tenderness to palpation of the lumbar paraspinal musculature. MRI of the lumbar spine dated 1/24/12 revealed no evidence of any significant disc herniation or spinal stenosis. There was no evidence of a spondylosis or spondylolisthesis. She has been treated with physical therapy and medication management. The date of UR decision was 1/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDUCTIVE GARMENT SET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 120.

Decision rationale: With specific regard to conductive garments, the MTUS states that a jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The documentation submitted for review contains no evidence of successful trial or the injured worker's inability to apply stimulation pads alone or with the help of another person. Furthermore, the MEDS 4 stimulator was not medically necessary, as such, the request is not medically necessary.

MEDS4 3 MONTH RENTAL AND MEDS3 ELECTRODES: Upheld

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

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

Decision rationale: MEDS 4 combines NMES (Neuromuscular Electrical Stimulation) and interferential current stimulation. MTUS is silent on this specific device. With regard to NMES, the MTUS states: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. With regard to interferential current stimulation, the MTUS states: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. As the NMES modality of the device is not recommended, the request is not medically necessary. Additionally, as the MEDS 4 stimulator is not medically necessary, MEDS 3 electrodes are not medically necessary.