

Case Number:	CM15-0113266		
Date Assigned:	06/19/2015	Date of Injury:	09/06/2012
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 30 year old male, who sustained an industrial injury on 9/6/12. The injured worker has complaints of low back pain. The documentation noted that the injured worker had positive straight leg raise bilateral and lumbar spine tenderness and spasm and decreased range of motion. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and lumbar strain. Treatment to date has included naproxen; cyclobenzaprine; tramadol; physical therapy; X-rays and magnetic resonance imaging (MRI). The request was for inferential unit quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-119.

Decision rationale: Due to the scientific uncertainty that Inferential units (IF) are beneficial the MTUS Guidelines have very specific criteria to justify their use. These criteria include a trial application by a health care professions. If this application is beneficial, then a 30 day rental/home trial is recommended with careful reporting of use patterns and objective benefits. These standards have not been met in relationship to this request. There is no reporting of a successful application and there has been no 30 day trial to support the request. Under these circumstances, the Inferential Unit Qty#1 is not supported by Guidelines and is not medically necessary.