

Case Number:	CM15-0173734		
Date Assigned:	09/15/2015	Date of Injury:	06/24/2014
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency 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 47 year old female, who sustained an industrial injury on 6-24-2014. Medical records indicate the worker is undergoing treatment for lumbar disc protrusion, lumbar radiculopathy and lumbosacral sprain-strain. A recent progress report dated 7-18-2015, reported the injured worker complained of dull aching neck pain rated 7 out of 10 without medications and 5 out of 10 with medications. The injured worker also complained of low back pain rated 5 out of 10 with and without medications. Physical examination revealed tenderness to the lumbar spinous processes, left gluteus, left sacroiliac joint and lumbar paravertebral muscles with paravertebral spasm. Treatment to date has included physical therapy and medication management. On 7-18-2015, the Request for Authorization requested multi-stimulation unit with supplies for 5 months rental. On 8-6-2015, the Utilization Review noncertified a request for a multi-stimulation unit with supplies for 5 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi stim unit with supplies (5 month) rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Multi stim unit with supplies (5 month) rental, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is 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. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapytreatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has dull aching neck pain rated 7 out of 10 without medications and 5 out of 10 with medications. The injured worker also complained of low back pain rated 5 out of 10 with and without medications. Physical examination revealed tenderness to the lumbar spinous processes, left gluteus, left sacroiliac joint and lumbar paravertebral muscles with paravertebral spasm. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Multi stim unit with supplies (5 month) rental is not medically necessary.