

Case Number:	CM15-0078496		
Date Assigned:	04/29/2015	Date of Injury:	07/27/2006
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 64 year old male, who sustained an industrial/work injury on 7/27/06-07. He reported initial complaints of back pain. The injured worker was diagnosed as having neuroforaminal narrowing with abutment to the exiting bilateral L2-L5 nerve roots. Treatment to date has included medication, home exercise, and bilateral L4-5 and L5-S1 transforaminal epidural steroid injection. MRI results were reported on 1/24/14. Electromyography and nerve conduction velocity test (EMG/NCV) performed on 1/22/14. Currently, the injured worker complains of low back pain rated 6/10, that radiated down both legs into the feet with numbness, tingling, and weakness. Per the primary physician's progress report (PR-2) on 6/24/14, gait was wide based, heel to toe walk was done with difficulty due to pain, diffuse tenderness noted in the lumbar paravertebral musculature, moderate facet tenderness from L4-S1, sacroiliac tenderness , sciatic notch tenderness, positive Kemp's test, positive straight leg raise test, Farfan's test was positive. Lower extremities demonstrated 1+ reflexes. The requested treatments include Ortho stimulator 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho stimulator 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvacin Stimulation, Interferential Current Stimulation, Neuromuscular electrical stimulating Page(s): 116, 118, 120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-215, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: 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 therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/ treatments, or is unresponsive to conservative measures. As such, current request for Ortho Stimulator 4 is not medically necessary.