

Case Number:	CM13-0014198		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2010
Decision Date:	04/18/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine & Rehabilitation 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:

This is a 54-year-old male patient with a date of injury 11/01/2010 and the mechanism of injury was not provided. The patient has a history of diagnosed lumbar sprain/strain with bilateral lower extremity radiculopathy. The patient has undergone a lumbar decompression surgery at L5-S1 on 12/2011. The patient has also undergone 6 acupuncture sessions that were reportedly helpful in improving numbness. Medications listed as current are naproxen, Omeprazole, and cyclobenzaprine. On physical examination, the patient was shown to have reduced lumbar range of motion, decreased sensation over the bilateral lower extremity in a nondermatomal pattern with weakness of the quadriceps, left "peronei," extensor hallucis longus, and tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL FOR 2 MONTH RENTAL, ELECTRODES PACK 8 PACKS, POWER PACKS, ADHESIVE REMOVER TOWEL MINT, SHIPPING HANDLING, TT AND SS LEADWIRE, TECH FEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The CA MTUS Guidelines state "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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain." The request for the interferential for 2-month rental, electrodes pack 8 packs, power packs, adhesive remover towel mint, shipping handling, TT and SS lead wire, tech fee is non-certified. On physical examination, the patient has presented with ongoing lumbar spine pain with radiating pain in the bilateral lower extremities. Straight leg raising test was positive with increased lumbar spine symptoms and bilateral lower extremity radiating symptoms. Range of motion was limited in all planes. Sensation decreased along the bilateral lower extremity in a nondermatomal pattern. The CA MTUS Guidelines do not recommend interferential unit as an isolated intervention. There was no documentation of objective findings provided from acupuncture as well as the effectiveness of and term of use for the medications listed. As such, the request is non-certified.