MAXIMUS Federal Services

Case Number:	CM13-0015046		
Date Assigned:	10/04/2013	Date of Injury:	06/29/2010
Decision Date:	01/22/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and Preventative 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 physician 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.

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 patient is a 44-year-old female, injured on 6/29/10 while working as a receptionist. Her chair broke and fell over injuring her low back. The patient has a history of L4-5/S1 lumbar fusion in 2009. A computerized tomography (CT) scan in 2012 reveals multiple disc bulges in the lumbar spine. An electromyography (EMG) in 2012 is normal. The patient has been treated with physical therapy, aquatic therapy, Acupuncture, oral medications including ibuprofen 800mg, Omeprazole 20mg, and Tizanidine 4mg. The primary treating physician PR2 8/1/13 reveals lumbar spine pain with constant tightness, stiffness, and limited movement with numbness very seldom. There were exam findings of decreased flexion and extension. There was a diagnosis of multilevel L/S disc bulges and L/S radiculopathy. There was no documentation regarding the use of an IF unit, and Utilization Review discussions with the PTP did not reveal any results of the use of an IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (pair) QTY: 25.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 119.

Decision rationale: The Chronic Pain Guidelines state specifically that "there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." The medical records do not show evidence that this unit has been used to increase function or decrease pain. Telephone discussion with the provider did not provide this information either.

Nine (9) volt batteries QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

Decision rationale: The Chronic Pain Guidelines are clear with regards to the criteria for using an IF unit. The guidelines state specifically that "there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." There is no evidence in the medical records indicating that the unit has been used to increase function or decrease pain. Telephone discussion with the provider did not provide this information either.

Bifurcated lead wires for interferential (IF) unit (pair) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

Decision rationale: The Chronic Pain Guidelines state specifically that "there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." There is no evidence in the medical records indicating that this unit has been used to increase function or decrease pain. Telephone discussion with the provider did not provide this information either.