MAXIMUS Federal Services

Case Number:	CM13-0015907		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2013
Decision Date:	02/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine, has a subspecialty in Rehumatology and is licensed to practice in Maryland. 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. 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 patient is a 60 year old female with date of injury 4/4/13. The mechanism of injury is described as tripping over a carpet and twisting the back. The patient has had chronic back pain since this date. She has had one prior lumbar surgery in 2000, the details of which are not provided. She has been treated with physical therapy, medications, lumbar facet block and lumbar epidural corticosteroid injection. MRI dated 07/2013 showed canal stenosis at L3-L5. Objective: decreased range of motion of the lumbar spine, tenderness to palpation of the lumbar paraspinous musculature, decreased motor strength of the left lower extremity. Diagnoses: lumbar strain. Treatment plan and request: one interferential unit, one hot/cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain complaints Page(s): 298-299.

Decision rationale: This patient has had chronic back pain with treatments thus far including physical therapy, medications, facet joint injection and eipidural corticosteroid injection. Per the

MTUS guidelines cited above, an interferential unit is not recommended in the treatment of chronic low back pain. There is no evidence based medical literature to support the use of an interferential unit in the treatment of low back pain. On the basis of this lack of medical evidence for the efficacy of an interferential unit in the treatment of chronic back pain, the request for an interferential unit is not indicated as medically necessary.

One (1) Hot/Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain complaints Page(s): 298-299.

Decision rationale: This patient has had chronic back pain with treatments thus far including physical therapy, medications, facet joint injection and eipidural corticosteroid injection. Per the MTUS guidelines cited above, a hot/cold unit is not recommended in the treatment of chronic low back pain. There is no evidence based medical literature to support the use of a hot/cold unit in the treatment of chronic low back pain. On the basis of this lack of medical evidence for the efficacy of a hot/cold unit in the treatment of back pain, the request for a hot/cold unit is not indicated as medically necessary.