

Case Number:	CM13-0020911		
Date Assigned:	10/11/2013	Date of Injury:	01/27/2005
Decision Date:	06/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 63-year-old male who has submitted a claim for cervical stenosis, lumbar spondylosis, and depressive disorder associated with an industrial injury date of 01/27/2005. Medical records from 2013 were reviewed. Patient complained of pain at the low back, neck and shoulders. Intake of medications relieved pain. Physical examination of the cervical and lumbar spine revealed tenderness and restricted range of motion. Gait was guarded. Treatment to date has included C3-C4 anterior discectomy cervical fusion (undated), Ultram, Norco, Ambien, risperdal, bupropion, and tizanidine. Utilization review from 08/27/2013 denied the request for interferential unit for the lumbar spine because there was no objective documentation of increased functional improvement associated with the previous use of IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL UNIT-INTERFERENTIAL CURRENT STIMULATION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 118.

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be completed given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of persistent low back pain despite intake of medications. It is unclear due to lack of documentation if he had tried and subsequently failed physical therapy as part of conservative management. Progress report from 07/16/2013 revealed that patient had prior use of interferential unit. However, there were no reports of functional improvement associated with its use. There is no compelling indication for continuing interferential stimulation therapy at this time. Moreover, the request failed to specify if the device is for rental or purchase. Therefore, the request for an interferential unit for the lumbar spine is not medically necessary.