

Case Number:	CM13-0023691		
Date Assigned:	11/15/2013	Date of Injury:	06/19/2000
Decision Date:	02/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient is a 64-year-old male who reported an injury on 06/09/2000 due to a motor vehicle accident involving a forklift that caused an injury to his low back. The patient's conservative treatments have included physical therapy, myofascial release, a TENS unit, and medications. The patient's most recent clinical evaluation documented that the patient had been using a TENS unit for an extended duration; however, this treatment was having a reduced effect in treating the patient's chronic pain. The patient's most recent physical exam findings included myofascial tightness and restrictions to the bilateral lumbar paraspinal musculature. The patient's diagnoses included lumbosacral disc degeneration, lumbosacral disc displacement, and postlaminectomy syndrome of the lumbar spine. The patient's treatment plan included an interferential unit to replace the use of the patient's TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: The requested interferential unit is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to conservative treatments to include a TENS unit, physical therapy, and medications. However, California Medical Treatment Utilization Schedule recommends a one month trial to allow for assessment of functional improvement and symptom relief and evidence of pain reduction prior to the purchase of an interferential stimulation unit. Clinical documentation submitted for review does not provide any evidence that the patient has undergone a trial to assess the efficacy of this treatment modality for this patient. Therefore, the purchase of this unit would not be indicated. As such, the requested interferential unit is not medically necessary or appropriate.