

Case Number:	CM13-0028558		
Date Assigned:	11/27/2013	Date of Injury:	06/30/2009
Decision Date:	11/26/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 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 47 year old male who had a work injury dated 6/30/09. The diagnoses include chronic low back pain status post laminectomy with decompression and fusion L3-L4 and L4-L5 5/15/10; chronic pain due to trauma. Under consideration are requests for an RS4 Interferential Unit. There is a 4/1/14 progress note that states that the patient complains of pain in the low and mid back pain. The patient has been experiencing this pain for 3 years. The patient describes his pain as constant and radiates to both extremities. The physical exam states the patient is well developed and well-nourished Patient is alert and oriented. Patient is in no acute distress. His meds include Ambien, Exalgo ER, Subsys; Lidoderm Patch; Clonidine and Morphine. The treatment plan included refill of Exalgo; pain psychologist, and a recommendation to proceed with dorsal column stimulation trial have been discussed. A prescription was given for continuous extended- release hydromorphone and MSIR 5 per day. Insurance will only pay for #120. Therefore a second prescription is for #30. Per documentation the patient does not smoke. He has not smoked in the past. He denies using non prescription drugs. The patient denies drug or substance abuse. He has never participated in a detoxification or rehabilitation program. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS 4 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation ICS Page(s): 118-120.

Decision rationale: An RS 4 Interferential Unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the RS4 Interferential Unit.