

Case Number:	CM13-0033926		
Date Assigned:	12/06/2013	Date of Injury:	08/27/2012
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 26-year-old female who reported a work-related injury on 10/18/2009. The patient is diagnosed with a lumbar spine sprain/strain with degenerative disc disease, status post laminectomy. The patient was seen by the requesting physician on 09/16/2013. Examination was not provided. Treatment recommendations included the continuation of current medications and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two months' rental of an Interferential Unit between 9/20/13 and 11/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Transcutaneous electrotherapy Page(s): s 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with other recommended treatments, including return to work, exercise and medications. In order for the patient to meet the criteria established by the guidelines, there should be documentation that pain is ineffectively controlled due to the diminished effectiveness

of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. As per the clinical note submitted, there is no indication that this patient has failed to respond to conservative measures. Furthermore, the guidelines state that, if the device is to be used, a 1-month trial should be initiated, and evidence of resulting pain decrease and functional improvement must be documented. There is no evidence of a treatment plan with the specific short and long-term goals of treatment with the unit. The current request for an interferential unit for 2 months exceeds the guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.