MAXIMUS Federal Services

Case Number:	CM13-0036535		
Date Assigned:	12/13/2013	Date of Injury:	06/08/2009
Decision Date:	05/08/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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, and is licensed to practice in Connecticut. 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 64 year old male with a history of injury on 6/8/2009.The diagnoses listed are low back pain radiating to the right leg, chronic pain syndrome and depression. The back pain was treated with lumbar spine fusion, post -surgery rehabilitation, chiropractic treatment and home physical therapy. The patient is currently ambulating with a Cane. The medications listed are Gabapentin, Motrin and oxycodone for pain, Zanaflex and Robaxin for muscle spasm and Zoloft for depression. A clinical note on 10/25/2013 during evaluation for sports rehabilitation indicated that the patient was walking for longer periods despite not taking medications regularly. The laboratory reports from 6/19/2013 showed normal electrolytes, clotting and metabolic profiles. The Home Health records are hand written and illegible. On 8/6/2013, [redacted] indicated that the request for liver profile tests was routine for patients on NSAIDs treatment. There was no record of co-existing hepatic or renal disease. A Utilization Review decision was rendered on 9/20/2013 recommending non certification of liver profile test, venipuncture, aquatic therapy and continued use of IF4 unit Interferential therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED USE OF THE IF4 UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 171.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 171.

Decision rationale: The ACOEM Guidelines do not recommend Interferential therapy for the treatment of subacute or chronic low back pain. There is no qualitative evidence demonstrating any advantage of Interferential treatment over other standard treatments for acute low back pain. Interferential treatment can be beneficial if acute low back pain is ineffectively controlled by medications, physical therapy or other treatments. It was reported on 10/25/2013 that the patient was walking for longer periods despite taking less prescribed medications. The patient did not meet the ACOEM Guidelines' criteria for a trial of Interferential therapy. The request is not medically necessary and appropriate.