

Case Number:	CM13-0047834		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2011
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery 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 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 54-year-old male who reported an injury on 04/05/2011. The patient is diagnosed as status post lumbar spine surgery. The most recent physician report is submitted on 10/01/2013 by [REDACTED]. The patient reported occasional non-radiating mid and upper back pain as well as moderate and constant lower back pain. Physical examination only revealed tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion on the right. Treatment recommendations included continuation of current medications and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain chapter

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

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of the effectiveness except in conjunction with recommended treatments, including return to work, exercise, and

medications. As per the clinical documentation submitted, there is no indication that this patient has failed to respond to recent conservative measures. There is no indication that this patient's pain has been ineffectively controlled due to diminished effectiveness of medications or side effects. Guidelines further state if the device is to be used, a 1-month trial should be initiated and evidence of resulting pain 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. Based on the clinical information received and the California MTUS Guidelines, the request for durable medical equipment: interferential unit is non-certified.