

Case Number:	CM13-0051451		
Date Assigned:	02/03/2014	Date of Injury:	09/08/2011
Decision Date:	08/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 injured worker is a 29-year-old male who reported an injury on 09/08/2011. The injury reported was when the injured worker was slammed by a pallet jack. The diagnoses include lumbar spine radiculopathy, lumbar spine sprain/strain, spine pain, and insomnia. Previous treatments and tests include surgery, medication, and MRI. Within the clinical note dated 01/18/2013 it was reported the injured worker complained of constant low back aching with episodes of sharp spasms with radicular symptoms in both legs. The injured worker complained of difficulty with repetitive handling, stooping, prolonged sitting, walking, or standing. He rated his pain 8/10 to 9/10 in severity. Upon the physical examination the provider noted the injured worker's lumbar spine revealed diffuse muscle tenderness and guarding without the presence of frank muscle spasms. The injured worker had posterior joint tenderness throughout the entire lumbar spine and spinous process and the facet joints bilaterally. The provider noted the injured worker was unable to flex the lumbar spine. The provider requested Electrodes Pack, Power Pack, adhesive remover towel, lead wire, interferential unit to reduce the injured worker's symptomatology and prevent permanent impairment and disorder. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES PACKS QTY: 8 PACKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POWER PACK QTY: 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ADHESIVE REMOVER TOWEL MINT QTY: 32: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LEADWIRE QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTERFERENTIAL UNIT 2 MONTHS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Section Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for interferential unit 2 months rental is non-certified. The injured worker complained of frequent and constant low back aching with episodes of sharp spasms with radicular symptoms in both legs. The injured worker complained of difficulty with repetitive handling, stooping, prolonged sitting, walking, or standing. He rated his pain 8/10 to 9/10 in severity. The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medication, and limited evidence of improvement of those recommended treatments alone. There are no standardized protocols for the use of interferential therapy and therapy may vary according to frequency, stimulation, the pulse duration, treatment time, and electrode placement technique. While interferential stimulation is not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used is noted to be pain is ineffectively controlled due to diminished effectiveness of medication, or pain is ineffectively controlled with medications due to side effects. History of substance abuse or significant pain from postoperative conditions limits the ability to perform exercise programs and/or physical therapy treatments. The injured worker would be unresponsive to conservative measures. There is lack of documentation indicating the injured worker was unresponsive to conservative measures. There is lack of documentation indicating pain is ineffectively controlled due to diminished effectiveness of medications. There is lack of documentation indicating the injured worker had a history of substance abuse or significant pain from postoperative conditions. The request submitted is not medically warranted. The provider's rationale was not provided for clinical review. Therefore, the request is not medically necessary.