MAXIMUS Federal Services

Case Number:	CM13-0051858		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2011
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 Emergency Medicine and is licensed to practice in New York. 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 57 year-old male who was injured on July 17, 2011. The patient continued to experience pain in his right knee and low back. Physical examination was notable for positive left straight leg raise and tenderness over the L5/S1, spinous ligament processes. MRI of the lumbar spine was done on April 7, 2013 and showed multilevel disc p bulges with spinal stenosis. Diagnoses included sprain/strain lumbar spine, sprain/strain right knee, degenerative joint disease right knee, and sprain/strain left ankle. Treatment included two back surgeries, two right knee surgeries, 13 sessions of physical therapy, 10 sessions of chiropractic treatment, 5 sessions of acupuncture, medications, and interferential unit at home. The patient states that he had been using the interferential unit but his condition remained the same. Request for authorization for continued use of an interferential unit was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE CONTINUED USE OF AN INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: Interferential Current Stimulation 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. It may be possible and appropriate if pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or there is no response to conservative measures. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the patient had been using the interferential unit approximately since June 2013. There was no objective evidence of functional improvement. The patient stated that his condition was unchanged. Effectiveness of the treatment has not been established and therefore, the request for the continued use of an interferential unit is not medically necessary and appropriate.