

Case Number:	CM13-0056378		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2013
Decision Date:	03/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 54 year-old with an injury to her knees and low back on 08/23/13. A progress report associated with the request for services, dated 10/09/13, identified subjective complaints of low back pain radiating into the right leg with sensory changes. She also has knee pain. Objective findings included tenderness of the lumbar spine with decreased motor function and a positive straight leg-raising. Sensation was normal. A nerve conduction study on 11/11/13 showed an L5 and S1 radiculopathy. Diagnoses included bilateral knee sprain; lumbar strain with bilateral radiculopathy; and coccydynia. Treatment prescribed included chiropractic, oral and topical medications, and an inferential unit. A Utilization Review determination was rendered on 10/23/13 recommending non-certification of "IF Unit Rental for 2 months for Lumbar spine, bilateral knee; Supplies (knee and back conductive garment, mist spray, electrodes 8 packs, power packs #24, adhesive remover towel mint #32, TT & amp; SS lead wire #1)".

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit Rental for 2 months for Lumbar spine, bilateral knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), TENS Page(s): 54, 114-117.

Decision rationale: Interferential Current Stimulation (IF) therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The MTUS guidelines indicate that TENS is not recommended for the back. For other conditions, a one month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: - Neuropathic pain - CRPS I and II - Phantom limb pain - Spasticity - Multiple sclerosis For chronic intractable pain from these conditions, the following criteria must be met: - Documentation of pain for at least three months duration. - Evidence that other appropriate pain modalities have been tried (including medication) and failed. - A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. - Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the IF unit is being requested for a type of pain not indicated for treatment. Also, multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted. Therefore, there is no documented medical necessity for an inferential (IF) unit.

Supplies (knee and back conductive garment, mist spray, electrodes 8 packs, power packs #24, adhesive remover towel mint #32, TT & amp; SS leadwire #1): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), TENS Page(s): 54, 114-117.

Decision rationale: Interferential Current Stimulation (IF) therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The MTUS guidelines indicate that TENS is not recommended for the back. For other conditions, a one month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: - Neuropathic pain - CRPS I and II - Phantom limb pain - Spasticity - Multiple sclerosis For chronic intractable pain from these conditions, the following criteria must be met: - Documentation of pain for at least three months duration. - Evidence that other appropriate pain modalities have been tried (including medication) and failed. - A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. - Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the IF unit supplies are being requested for a type of pain not indicated for treatment.

Also, multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted. Therefore, there is no documented medical necessity for supplies associated with an interferential (IF) unit.