

Case Number:	CM13-0063804		
Date Assigned:	05/07/2014	Date of Injury:	04/16/2012
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine and is licensed to practice in Hawaii, Illinois and Iowa. 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:

This patient is a 53 year old employee with date of injury of 4/6/12. Medical records indicate the patient is undergoing treatment for lumbar radiculitis, lumbar radiculopathy, lumbar spinal stenosis, cervical radiculopathy, left ankle pain and chronic pain. Subjective complaints include low back pain that radiates to the level of the foot. Objective findings include mild to moderate reduction in lumbar spine range of motion secondary to pain, spinal vertebral tenderness at L4-S1, lumbar myofascial tenderness and paraspinal muscle tenderness. Treatment has consisted of physical therapy, home exercise program, medications and epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL(IF) UNIT FOR LOWER BACK, 30 DAY RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-120.

Decision rationale: ACOEM guidelines state that insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation,

also known as interferential therapy. MTUS guidelines indicate that this type of therapy is not recommended as an isolated intervention, but may be considered for a 30 day trial 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; unresponsiveness to conservative measures. The treating physician notes indicate that the patient underwent transforaminal epidural injections with significant pain relief, decreased usage of pain medications, improved mobility and functional improvement. The medical documents do not indicate pain that is ineffectively controlled, a history of substance abuse, and unresponsiveness to conservative measures. As such, the request for interferential (IF) unit for lower back, 30 day rental is not medically necessary.