

Case Number:	CM13-0067010		
Date Assigned:	03/03/2014	Date of Injury:	05/04/2013
Decision Date:	05/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Oklahoma and Texas. 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 female who reported an injury on May 4, 2013. The mechanism of injury was assisting to lift a patient off of the floor. The transfer of care primary treating physician initial report dated August 26, 2013 indicated the injured worker had reports of frequent, mild to severe upper and mid back pain that she rated at a 3/10 at its best and an 8/10 at it is worst. The injured worker had complaints of frequent low back pain that she described to be mild to severe, she rated the pain at 3/10 at its best and an 8/10 to 9/10 at it is worst. The injured worker reported the pain did not radiate. Upon examination of the lumbar spine and lower extremities, there was tenderness to palpation to the thoracic and lumbar paravertebral muscles. The injured worker was noted to have a normal gait. The injured worker was able to perform a full squat with full recovery with complaints of pain. The thoracic spine range of motion was flexion at 33 degrees, left rotation at 23 degrees, and right rotation at 20 degrees. The lumbar range of motion was flexion at 10 degrees, extension at 2 degrees, left lateral bending at 7 degrees, and right lateral bending at 9 degrees. Ankle jerks were 2+ bilaterally and knee jerks were 2+ bilaterally. Sensation to pinprick and light touch was within normal limits bilaterally. Muscle motor strength was within normal limits and symmetrical in all major muscle groups of the lower extremities. The straight leg raise was positive at 60 degrees on the right and 50 degrees on the left in the sitting and supine positions. The cross straight leg raise was negative. The physician recommended for the injured worker to start chiropractic treatment. It was also noted the physician prescribed an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT PURCHASE FOR THE THORACIC AND LUMBAR SPINE:
Upheld

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

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

Decision rationale: The request for interferential unit purchase for the thoracic and lumbar spine is non-certified. The California MTUS Guidelines state that interferential current interferential current stimulation (ICS) is not recommended as an isolated intervention. There was no quality evidence of effectiveness, except for in conjunction with recommended treatments including return to work, exercise, and medication, and limited evidence of improvement on those recommended treatments alone. While interferential current stimulation is not recommended, if used anyway, the criteria includes pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects or history of substance abuse, or significant pain from postoperative condition limits the ability to perform exercise program/physical therapy treatment, or unresponsive to conservative measures. If those criteria are met, then a 1 month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain, and evidence of medication reduction. The records submitted for review failed to include documentation of the injured worker having pain that was ineffectively controlled due to diminished effectiveness of medications, pain that was ineffectively controlled with medications due to side effects, the injured worker having a history of substance abuse, significant pain from postoperative condition that limited the ability to perform exercise or physical therapy treatment, or the injured worker being unresponsive to conservative measures.