

Case Number:	CM13-0069207		
Date Assigned:	01/03/2014	Date of Injury:	09/24/2012
Decision Date:	03/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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:

The patient is a 22 year old male with a date of injury on 09/24/2012. He felt low back pain at work and continued to work that day. He worked as an underground technician. He had L5-S1 fusion with instrumentation in 04/2013. In addition to the surgery he had multiple physical therapy visits. On 11/26/2013 it was noted that he had used a TENS unit but its effectiveness was not long lasting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of ART interferential stim: 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): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation Section, Page(s): 118-120.

Decision rationale: According to MTUS chronic pain treatment the requested treatment is not recommended as an isolated treatment. According to MTUS ACOEM chapter 12 page 300, electrical nerve stimulation treatment "has no proven efficacy in treating acute low back symptoms." Further on it states, "Insufficient evidence exists to determine the effectiveness of

sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as inferential therapy."