MAXIMUS Federal Services

Case Number:	CM13-0070775		
Date Assigned:	01/08/2014	Date of Injury:	04/16/2012
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation and is licensed to practice in California. 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 53 year old male with a reported date of injury on 04/16/2012. The mechanism of injury was not provided within the clinical notes available for review. According to the clinical note dated 09/30/2013 the injured worker complained of bilateral lower extremity radiculopathy and reported his pain at 7/10. The urine drug screen dated 11/05/2013 detected Norco and Gabapentin, consistent with prescriptions and positive for Tramadol, inconsistent with prescriptions. According to the clinical note dated 12/04/2013 the injured worker complained of low back pain that radiated to the left lower extremity. The injured worker reported his pain at 1/10 with medications and 2/10 without medications. The physical documentation included spinal vertebral tenderness noted in the lumbar spine at L4-S1, lumbar myofascial tenderness on palpation and sensory and motor exams revealed "no change". The injured workers diagnosis included lumbar radiculopathy, cervical radiculopathy, lumbar spinal stenosis, chronic pain, and left ankle pain. The medications listed on the note dated 12/04/2013 included Naproxen and Prilosec, yet under the history notes the physician stated that the injured worker is requesting the interferential unit so he can limit his use of Hydrocodone. According to the urine drug screen dated 02/05/2013 the injured worker tested positive for Tramadol (physician interpreting exam states the Tramadol was prescribed), and negative for Norco and Gabapentin. The request for authorization for Interferential unit = 30 day rental was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT = 30 DAY RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INFERENTIAL CURRENT STIMULATION Page(s): 118.

Decision rationale: The CA MTUS guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjucntion with work, exercise and medication. Although the Interferential unit is proposed for treatment for soft tissue injury there is insufficinet literature to support the effectiveness. While the Interferential unit is not recommended as an isolated intervention it could be appropriate for the following conditions; there is clear documentation of pain that is not controlled by medications due to side effects or history of substance abuse or the injured worker is unresponsive to conservative measures (ie: reposition, heat/ice, etc..) In the clinical documentation provided the pain medication utilized by the injured worker is unclear. There is a lack of documentation provided regarding functional deficits. In addition, the documentation is not clear as to the goals in utilitizing an Interferential unit. The physician stated that the injured worker is requesting the interferential unit so he can limit his use of hydrocodone. However, according to the urine drug screen dated 02/05/2013 the injured worker tested negative for Norco. In addition, the injured worker only has complaints of 1/10 pain with medications and 2/10 pain without medications. Therefore, the request for Interfernetial unit = 30 day rental is not medically necessary.